

DEPARTMENT OF ADMINISTRATION FOR HUMAN SERVICES Contracts Management 12011 Government Center Parkway, Suite 738 Fairfax, Virginia 22035

VIRGINIA

April 14, 2004

Dear Potential Offeror:

Fairfax County is accepting proposals from qualified organizations to provide a Site Supervisor and the services in support of The Adventure Program. The Adventure Program is set up to target up to thirty (30) children in grades 1-6 who require behavior management intervention and have attention deficit disorder, attention deficit hyperactivity disorder, or an emotional disturbance. The program will be run in a yet to be determined site in the Chantilly area from June 16, 2004 through August 11, 2004.

Please review the attached Statement of Requirements. If you are interested in being considered for a contract award to provide a Site Supervisor and the services in support of The Adventure Program, please submit a proposal to the receptionist at the above address. Proposals must be received **no later than 4:00 p.m. Monday May 3, 2004.** Faxed copies will also be accepted by the due date and time at (703) 324-7339.

Should you have questions, please call me at (703) 324-7811.

Sincerely,

Dawn Hunt Contract Analyst

1. Scope of Contract:

1.1. The purpose of this solicitation is for Fairfax County, on behalf of the Department of Community and Recreation Services (CRS) to enter into a contract with a qualified firm to provide a Site Supervisor and services in support of The Adventure Program outlined in Section 3, <u>Tasks to be Performed</u>. CRS will provide additional staff for the program. The Adventure Program is a six (6) week program beginning on June 16, 2004 and ending on August 11, 2004 that serves a targeted population of children defined in paragraph 3.1.a. The first two weeks of the program will be spent planning and training with CRS staff. The program will be run in a yet to be determined site in the Chantilly area. Each provider must be capable of providing all of the services listed in Section 3 for up to thirty (30) students.

2. Program Goal:

2.1. The goal of the program is to enhance the targeted children's social and leisure skills as well as teaching the children to control their anger when in an organized recreational environment.

3. <u>Tasks to be Performed</u>:

Qualified offerors will be expected to provide the following services in developing, implementing and managing the Adventure Program:

- 3.1. Provide a Site Supervisor qualified to oversee the Adventure Program to be run in a yet to be determined site in the Chantilly area from June 16, 2004 through August 11, 2004. The first two weeks of the program will be spent planning and training with CRS staff. CRS will provide the additional staff for the program.
 - a. The Program is targeted to children in grades 1-6 who require behavior management interventions and have attention deficit disorder, attention deficit hyperactivity disorder, or an emotional disturbance. CRS will recruit the children for the program.
- 3.2. Oversee the implementation, and management of the Adventure Program including:
 - a. Activity development and implementation
 - b. Maintaining quality assurance throughout the program
 - c. Maintaining a budget and all administrative tasks associated with the program including the coordination and procurement of the supplies, equipment, and other materials necessary for the operation of the program
- 3.3. Develop weekly activity flyers to distribute to the families enrolled in the program and to designated CRS employees. CRS will provide a list of all persons who need to receive the flyers.
- 3.4. Coordinate with CRS staff to develop a plan of action for program format changes or improvements to resolve specific problems as noted by either the Contractor's Site Supervisor or CRS staff.
- 3.5. Adhere to CRS policies and procedures as outlined in attachment A

4. Other Requirements

- 4.1. The site supervisor must be at least 21 years old, and possess one (1) of the following:
 - a. A Bachelor's degree in special needs related field (special education, human development, human services, rehabilitation services, therapeutic recreation, or other related field) and one (1) year programmatic experience in the group care of children with disabilities.
 - b. An endorsement or Bachelor's degree in a child related field from an accredited college or university and one(1) year programmatic experience in the group care of children with disabilities.
 - c. 49 semester hours or 72 quarter hours of college credit (6 semester hours or 9 quarter hours are in subjects relating to group care of children with disabilities); and one (1) year of programmatic experience in the group care of children with disabilities.
 - d. Three (3) or more years of programmatic experience in the group care of children, of which at least two (2) years must be with children with disabilities and one (1) year in a staff supervisory capacity.
- 4.2. The Offeror must conduct criminal background checks on all employees funded under this contract,

and on any volunteers who assist with the program. The criminal background checks must include at a minimum a Child Protective Services (CPS) check, a Virginia State Police check, and a State Police check of the state in which the employee lives if not in Virginia. These checks must be completed prior to an employee working directly with a child

- 4.3. At all Fairfax County locations, Contractor shall:
 - a. Sign in and out as required at County sites, as well as obtain any necessary visitor documentation.
 - b. Require all contractor staff visiting or on-site deployed at a County site to display picture identification in plain sight clearly stating the staff person's name and the company name.

For all employment changes related to on-site deployed staff, call the County's designated contact person prior to deployment of new personnel

5. Reports and Invoicing:

- 5.1. The Contractor will be required to submit reports by August 31, 2004. The reports will be based on the list of measurable objectives that the offeror is asked to submit in paragraph 6.1.b. The offeror will be required to describe how they achieved the program objectives and how they helped to make the program successful.
- 5.2. Contractor must submit a report indicating their progress in achieving the program goal and objectives due by July 31, 2004.
- 5.3. The Contractor should invoice the County within 10 days after receiving their Purchase Order. The invoice will be paid within 30 days after receipt of a signed invoice. The Contractor should reference the contract number on their invoice.

6. <u>Submission of Proposal</u>:

- 6.1. The offeror must submit their proposal with the following information:
 - a. Name of firm submitting proposal and authorized contact person; main office address; and contact information such as phone, fax, and e-mail.
 - b. A list of measurable objectives, based on the County's Program Goal in Section 2, that the offeror believes will create a successful program. The measurable objectives given by the offeror will become the report stated in Section 5, Reports and Invoicing.
 - c. Statement and discussion of the requirements as they are analyzed by the offeror including how the program will help targeted children outlined in paragraph 3.1 to increase their social and leisure skills as well as how to control their anger in an organized recreational environment.
 - d. Statement of Qualifications must include a description of organizational and staff experience, and resume of the proposed site supervisor. Additionally the offeror is required to provide two references, including contact names and phone numbers, of organizations for whom the offeror has provided similar services.
- 6.2. The offeror must submit a completed pricing schedule as the last page of their proposal. The offeror may only charge for personnel costs. All other costs of the program will be covered by the County.
- 6.3. One (1) original (duly marked) and Four (4) copies of the <u>proposal</u> are due to the receptionist at the following address:

Department of Human Services – Contracts Management 12011 Government Center Parkway, Suite 738

Fairfax, Virginia 22035-0013 Telephone: 703-324-5551

Proposals must be received at the above address by 4:00 on Monday May 3, 2004. **Proposals received after** the due date and time shall not be considered for contract award and shall be returned to the offeror.

7. Contract Term

The initial contract term will be June 1, 2004 through May 31, 2005 with the possibility of up to (3) three additional one-year renewal periods. Any contract awarded pursuant to this Request for Proposal is conditioned upon an annual appropriation made by the Fairfax County Board of Supervisors of funds sufficient to pay compensation due the Contractor under the contract. If such an appropriation is not made

in any fiscal year, and the County lacks funds from other sources to pay the compensation due under the contract, the County is entitled, at the beginning of or during such fiscal year, to terminate the contract. In that event, the County will not be obligated to make any payments under the contract beyond the amount properly appropriated for contract payments in the immediate prior fiscal year. The County will provide the Contractor with written notice of contract termination due to the non-appropriation of funds at least thirty (30) calendar days before the effective date of the termination. However, the County's failure to provide such notice will not extend the contract into a fiscal year in which funds for contract payments have not been appropriated.

8. Proposal Evaluation Criteria:

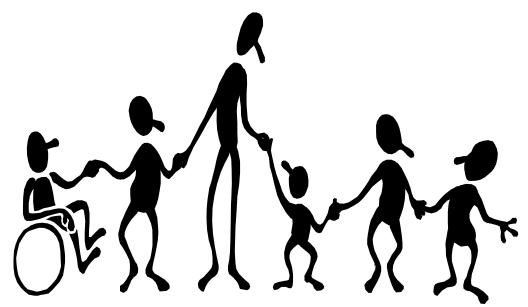
- 1. The following factors will be considered by a Selection Advisory Committee in the award of this contract:
 - a. Ability to manage a program within the timeline outlined in paragraph 3.1
 - b. Ability to manage an Adventure Program that will target the population outlined in paragraph 3.1.a
 - c. Organizational and staff qualifications to perform the requirements outlined in paragraphs 3.2 through 3.4
 - d. Ability to adhere to CRS policies and procedures as outlined in paragraph 3.5
 - e. Reasonableness of Cost

9. Insurance and indemnification:

- 9.1. Insurance requirements will be provided to the successful offeror prior to contract award.
- 9.2. Indemnification: Contractor shall indemnify, keep and save harmless the County, its agents, officials, employees and volunteers against claims of injuries, death, damage to property, patent claims, suits, liabilities, judgments, cost and expenses which may otherwise accrue against the County in consequence of the granting of a contract or which may otherwise result therefrom, if it shall be determined that the act was caused through negligence or error, or omission of the Contractor or his or her employees, or that of the subcontractor or his or her employees, if any; and the Contractor shall, at his or her own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefrom or incurred in connection therewith; and if any judgment shall be rendered against the County in any such action, the Contractor shall, at his or her own expense, satisfy and discharge the same. Contractor expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by the Contractor, shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County as herein provided.



Policy and Procedure Manual



Therapeutic Recreation Services



Activity

Planning, Implementation, Evaluation Procedures

Therapeutic Recreation Services

Target Program(s): All Dates Effective: February 5, 1995

Policy: Activity Evaluation

The activity evaluation is used to track information that is useful in determining the effectiveness of an activity.

- 1. Activity Evaluations should be completed at the completion of each activity.
- 2. A standardized evaluation form will be used to determine effectiveness of the activity and identify associated problem areas.
- 3. Group Leaders shall review evaluations with all team staff and discuss possible changes or alternations to any similar upcoming activities.
- 4. Group Leaders must return evaluation to the program supervisor (with bi-weekly staff time sheets).
- The Program Manager shall complete an annual evaluation using information from the activity evaluations, parent surveys and participant interviews to determine effectiveness of the program, participants satisfaction, and changes for next year.

Therapeutic Recreation Services

Target Program(s): All Dates Effective: February 5, 1995

Policy: Program/Activity Cancellations

Employees must report to the activity site unless activities are canceled by authorization of the Division Supervisor, Branch Manager, Program Manager, or Agency Director. In case of inclement weather, cancellation announcements will be advertised on local radio stations and on the Fairfax Channel 16. For further information concerning cancellations, we recommend you call your supervisor or the office for information concerning closing. In cases where transportation services are utilized, programs/activities may be closed early at the discretion of the transportation service or driver.

If a specific program/activity is canceled because of unforeseen circumstances, staff will be given the opportunity to relocate to another program or take the day off without pay. In some programs, staff may be required to notify parents/participants of closing or location changes. Every effort must be made by staff to inform parents and guardians of early closing or program changes.

- 1. One hour prior to leaving for the center or meeting location, staff should call the TRS Reservation Line at 703-324-5519 to receive updated information about program changes and cancellations.
- 2. If time permits, Group Leaders are expected to call all individuals registered for the program to inform them of program changes or cancellations.
- In the event weather conditions become a hazard to staff and participants, the Program Manager and/or Group Leader will determine if the program will be canceled or an alternative program selected.
- 4. The Group Leader or Program Manager will make contact with each other and determine the safest course of action.
- 5. Group Leaders will be notified of cancellations, early returns, or program changes.

Therapeutic Recreation Services

Target Program(s): Day Programs **Effective Date:** February 5, 1995

Policy: Activity Planning for Summer

- 1. The Daily Activity Plans are to be completed and approved each week. The Daily Activity Plan will consist of:
 - 1) Theme Week title (Elem only) & Theme Day (Teens & YA)
 - 2) Activity name of activity
 - 3) Time activity time frame
 - 4) Materials supplies needed for activity
 - 5) Procedures basic info about the activity
 - 6) Modifications- what changes are needed for participation
 - 7) Goal what will individuals gain from participation
 - 8) Group Ability Level what degree of disabilities is this planned for how will you handle differing abilities
- 2. Activities must be both age and ability appropriate for participants.
- 3. Activities should not be expected to last more than 30 minutes due to the short attention span of most of the participants.
- 4. Arrangements for all programs must be made by the Group Leader.
- 5. Weekly Flyers should be sent home at the end of the week to inform parents of activities their family member will participate in during the next week.
- 6. Activities are expected to meet program goals and objectives and to follow the Social Role Enhancement/Normalization standards indicated in the program description.
- Cooperatively design a weekly activity schedule that includes physical activities, sports, hobbies, arts, drama, group games, home/individual games, and community outings determine level of independence of participants and establish level of support and supervision required

Planning Requirements for Summer

Activity Type	Typical Activities	Times Daily/Weekly
Theme Activities	Activities specific to the theme Theme suggestions for each week will be provided by TRS	1 activity daily (any of the activity types listed below)
Special Events	Family Days Community Out-trips Play, Music Video, Talent Show	2 Family events/summer; 1 Community Trip/week; 1 other special event/1 week
Hobby/crafts	Art projects, sewing, quilting, bracelets, paintings, pottery	1 activity daily
Home/Group Games	cards, cooperative games, board games, parachute	1 activity daily; introduce 2 new games per week
Fitness	Routine daily exercise program; "Sweating To The Oldies"	1 flexibility activity; 1 aerobic/cardio activity
Sports	Basketball, Croquet, Frisbee Golf	1 activity per day; introduce 2 new sports activities per week
Music/Drama	Sing-a-longs, story telling, skits, dance, movement exercises	3 music activities weekly 2 drama activities weekly
Social Sessions	Current Events, Social Dance, Coffee House, Party, Newsletter	1 activity daily 1 newsletter
Planning Group	Discussion of next days activities, assignment of duties	15 minutes at end of each day
Nature & Outdoors	Collages, Quest - Activities, Hikes, Sounds of Nature	3 activities weekly
Activity Centers/Tables (free choice activities)	Activity Centers - elementary Tables - teens/young adults	2, 30 minute sessions daily

Therapeutic Recreation Services

Target Program(s): Day Programs Effective Date: February 5, 1995

Policy: Creating a Stimulating and Appropriate Environment

A stimulating recreation environment encourages clients to participate to the maximum extent possible and create an enjoyable and fun atmosphere.

Procedure:

General Guidelines

- Allow the participants to come up with the ideas for the description of the special activity
 of the day.
- 2. The theme should be represented on the left side of the posters and the days should go across representing all six weeks.
- 3. Encourage your group to come up with a group name; for instance your group could be the Blue Whales.
- 4. Create an environment that focuses on recreation and not education.

Greeting Area

- A posted sign in and sign out sheet must be placed in the same location each day at a visible location closest to the point of entrance. Parents/guardian sign-in sheets should be placed at this location.
- Activity flyers and newsletters should be kept at the greeting area. All program changes or cancellations should be clearly posted at the greeting area.

Activity Rooms

- Activity rooms should be bright, colorful, and full of creative decorations such as mobiles, streamers, pictures, and projects.
- Activity calendars should be posted to announce theme weeks and special activities* (see section on special activities). This calendar is a pictorial highlight of the days activities.
- Special upcoming activities should also be posted on the wall so that the participants and parents are reminded of what activities are planned and to prepare for activities.

Format for activity calendar wallboards:

- The left hand column should denote all six themes for the summer and should pictorially describe the weekly theme.
- 2) The top of the board should denote the leaders name, the name of the center, and a phone number to call for information
- 3) Below this information please list the days of the week across.
- 4) Calendar will consist of the special activity for the day
- 5) Place the calendar in the most visible area.

Room Requirements:

Center:

Welcome sign and directions to rooms Guest are greeted and sign-in/out sheet is prominently placed License is posted (up-to-date)

Group Rooms:

Appropriate furniture (tables, chairs)

Decorations appropriate/stimulating

Activity centers

Quiet area is available

Mats are available (if appropriate)

Rules are posted

Flyers/newsletters posted

Welcome/greeting signs are posted

Sign listing group's location (field trip, playground, etc.) and expected return time

Bus roosters are posted

Goal and/or progress Board is displayed (building blocks)

Emergency #'s

Snack Menu

Activity Schedule

Staff names

Participant names

Staff client assignments

Activity Center Signs

Therapeutic Recreation Services

Target Program(s): Day Programs

Effective Date: February 5, 1995

Policy: Activity Set-up and Implementation

Well planned and properly set-up activities and activity areas allow for better management of behavior

problems, smoother transition from one activity to another, better preparation of staff and volunteers,

and less interruption/disruptions of the activity.

Procedure:

Group Leaders and assistance should utilize the time prior to participants arrival to set up the

activities for the day. This includes: setting out all equipment and supplies required for the days

activities or organizing the equipment and supplies in such a way that it is easily accessible to the

group.

2) Group Leaders or assistant leaders are responsible for making arrangements required for the

activity (reservations, ordering/purchasing supplies and equipment. Group Ldr's should assign

volunteers, assistant staff, or participants to begin setting up the activity (supplies, equipment,

etc.) At least 15 minutes prior to the start time. It is the responsibility of the center supervisor to

ensure all arrangements are made for the center's various activities.

3) When arrangements such as purchases, food assignments, music, supplies, equipment, or

transportation are required, the center supervisor or the Group leader must confirm the

arrangements one week prior to the scheduled day of the activity.

Set-up of a Typical Activity

The success or failure of an activity often depends on HOW you prepare for the activity. The following

recipe for success will help you in your efforts to deliver a quality product regardless whether it is

something as simple as Go Fish or something as complicated as a production of Phantom of the Opera.

Staff will prepare for each activity in the following manner by resolving these issues:

1) What is the activity to be performed?

Basketball (example)

2) What are the goals and objectives?

Acquire skills, learn rules, teamwork, conditioning, etc.

3) Who will be participating?

14

Age, number of individuals

4) What is their ability level?

Ambulatory, non-ambulatory processing problems, quadriplegic, lower extremity paralysis, experience level, attention and memory, etc.

5) What modifications/adaptations are needed to ensure success?

Height of basket, rule change, size of ball, type of drills, break down of group to ability (high-low).

6) Do we have the equipment?

Basket, balls, whistles, gym

7) Staff knowledge of subject matter?

How to shoot, pass, dribble, defense, terminology, rules

8) Staff roles and responsibility?

Is the equipment set up?; who will lead specific drills; work with individuals requiring assistance

Activity Delivery

- 1) Greet individuals Welcome! Glad you're here! Look what we have in store for you!
- 2) Provide clear expectations (behavior)

Here are the rules.... when I talk, please listen; you will have a chance to talk and ask questions

3) Explain activity (process)

rules; how activity will be structured, terminology, have you played before? Are you on a team?

4) Begin activity with enthusiasm !!!!!!!!!!! Man your battle stations!!!!

Therapeutic Recreation Services

Target Program(s): Day Programs **Effective Date:** February 5, 1995

Policy: Weekly Activity Flyers

Activity flyers provide parents, guardians, and counselors with information concerning the upcoming events and activities. In addition, flyers provide an effective means for maintaining consistent communication with parents by keeping them informed of the activities scheduled and what is to be

expected during upcoming events.

Procedure:

1. Weekly activity flyers will be sent home on Fridays.

2. Special flyers are used to inform participants of upcoming events, trips, and special activities.

- a) flyers will detail an activity that is scheduled for each day
- b) flyers will detail trips (spending money requested, admissions, times)
- c) flyers will detail supplies requested

3. The following information must be stated clearly and attractively on the Weekly Activity Flyer:

- a) location of center and phone number and emergency number if available
- b) staff names
- c) phone number of main office-Therapeutic Recreation Services (703-324-5532)
- d) list of special activities scheduled for each day of the week
- e) center operating times and dates ** indicate center closings**
- f) theme week or day, logo of center or special center name
- g) weekly snack menu

4. Flyers are to be submitted to your center supervisor no later than Wednesday for approval.

5. Center Supervisors will bring the group's activity plans and flyer(s) to the Supervisor's meetings which will be held weekly (T. B. A.).

- a) the program manager will approve the flyer as it meets the above specifications
- b) the center supervisor will copy the flyers and activity plans for dispersal.

Attached is a copy of a typical Weekly Flyer.

16

Field Trips

Field Trips are scheduled to provide participants with the opportunity to experience community activities and to interact with community members. Community field trip opportunities enhance CRS programs by providing diversity in the types of programs scheduled. Your goal is to provide both an enjoyable and safe experience for every participant.

Staff are required to implement field trips throughout the summer. Field Trips should be advertised on the weekly calendar or events or a flyer to provide enough time to inform parents about a trip and recruit chaperones.

Things To Do Before The Trip Ingredients For Successful Field Trip Planning And Implementation Complete the Field Trip Planning form and advanced planning and preparation attach all relevant information. Turn in field (daily schedule, staff assignments, trip planning form to your supervisor the volunteer usage, design of flyers & Monday before the planned field trip. permission slips) Analyze the field trip for inherent participant accurate and complete safety & health risks and determine communication with parents/guardians Once and participants, the office, and the procedures to minimize risks. Transportation office. approved, proceed with field trip preparation. coordination with Center Staff and Include field trip information on your supervisors. attractive weekly flyer and ensure that confirmation of arrangements with the permission form that gives the following development and review of safety risk information: Date, Time, Cost, What To -Bring, Activities Scheduled, Volunteers Needed, Reservation Deadline, Back-up field trip plan and Supervision Plan. Flyers need to be handed out on Friday/Monday. Fax in the Field Trip plan every Monday before a field trip. Confirm who will be attending via returned permission forms. Meet with assigned staff to review directions and instructions concerning the safe implementation of the trip and any associated procedures such as emergency and

	supervision.
	Inform school staff of field trip.
	Make a large sign (bed sheet size) with the centers name for each bus. This makes it easier
	to identify the bus in the parking lot for the return trip.
	Organize equipment and supplies. Based on the field trip planned, procure all necessary
	equipment and supplies and take a Pager (Rec-PAC & TRS) and Cell Phone (TRS), first-aid kit, universal precaution kit, client registration form (for those, field trip permission forms, cooler if needed for lunches and drinks.
	Inventory wristbands
	o Do The Day Of The Trip Dading the buses
	Review with chaperones the policy and procedures for field trips, arrangements for the day,
	the supplies and equipment that will be utilized, specific participant precautions and participant assignments. (See Checklist)
	Obtain all equipment required for the trip and make sure you know how to work the Pager
	and/or Cell Phone (make sure you have an extra battery for pager and the phone is charged).
	Take attendance and indicate staff/participant assignments; have assigned staff complete
	participation description forms.
	Ensure everyone has a wrist band (elementary only).
	Post a sign indicating where the trip is and when the group will be returning.
	TRS & Rec-PAC special exceptions- Determine which staff will stay at the center for those
	not attending the field trip.
Loading	the Buses
	The group leader will record the name of staff and participants on the bus roster.
	The group leader will conduct a final "Name Check" or "Roll Call" of each rider on the bus
	and compare the list to the registered participants.

	Provide a copy of the field trip itinerary, pager/phone #, attendance sheet and staff
	assignments to all staff and chaperones.
	Enforce Bus Rules:
	 keep seated at all times use safety belts at all times keep hands and objects INSIDE the bus
While A	At The Field Trip Location
	Note and record bus numbers. Designate a meeting place and time for return trip.
	Ensure a large field trip sign (bed sheet size) is displayed on the bus for easy detection.
	If tickets have to be purchased or other arrangements made, send one staff person to
	complete the transaction while the group stays together in a separate area.
	Remind staff, chaperones and participants of "check-in" times with the group leader and the
	designated return time.
	Follow participant assignments and supervision procedures and all other procedures relevant
	to the activity (e.g, swimming, lost persons, heat advisory, sunburn, etc.).
	Conduct head counts every 15 minutes and after every activity transition.
Return	ing To The Center
	Each staff member will load their assigned participants and personal items on the SAME bus
	they arrived on.
	The group leader will conduct a "Roll Call" of names and complete the bus roster form to
	ensure everyone is on the correct bus.
	Another "Roll Call" will be completed once the door of the van or bus have been shut to
	ensure everyone is on the correct bus.
	Sign the FCPS transportation voucher.

Thank the bus driver!
Return all equipment and supplies to their proper place.
Complete evaluation form and give to supervisor for review.
Call supervisor if the bus is anticipated to be more than 20 minutes late.

Flyer

- Flyers must be attractive and informative.
- The following information must be on a flyer: Center, Center Director name and phone, date of trip, location & time of departure and return, where the trip is going, cost of the trip, what is included in the cost, what to bring additional, reservation procedures, expectation/rules of conduct, extent of supervision, cancellation information, lunch information and ADA statement.
- Flyers must be turned in the Monday before the trip to your supervisor for final approval.

Field Trip Permission Forms

- Approved field trip permission form must be completed and signed by the participant's parent or guardian.
- The permission form is designed to provide basic information to the parents about the trip and to provide emergency information to the trip leaders.
- Center Supervisors are required to review the permission forms for completeness and call parents for clarification of information that is not clear.
- All children must have a signed permission slip indicating their intent for the trip. This includes those who will not be attending the trip. All registered participants must be accounted for before leaving the center.

Cancellation of Trips

Only your Supervisor has the authority to cancel a field trip. A backup plan will go into effect for trips that must be canceled due to inclement weather. Only your Supervisor has the authority to determine if a child cannot attend a trip.

Field Trip Plan

Field Trip Plan is to be faxed by COB Monday afternoon before the field trip. Center: _____ Date of Trip: _____ Location: # Participants attending: _____ # Staff: ____ # of volunteers: ____ (attach volunteer form) Particpiant issues (i.e. behavior, medical, etc.): Any ADA accommodations for trips (ie. wheelchairs, etc.): Task Date to be completed Advertisement flyer completed participant/volunteer/staff assignment Permission slips signed for each child attending Schools signs and bus signs made for trip Risk management plan reviewed with staff Meeting with volunteers and staff to discuss field trip policies Inventory of wrist bands First aid kit complete Office School Staff informed of trip Center Supervisor Signature Date Supervisor's Signature Date

22

approved ____ not approved ____

Communication During Field Trips

During field trips communication must be established between leaders, supervisors, volunteers, and participants. Communication is essential to maintaining a fun, safe, and successful trip.

Respon	sibilities of Center Director.
	The center director shall maintain a copy of the field trip flyer and the group's itinerary for the day in the center's file. The flyer indicates destination of group, staff assigned, activity, times, and arrangements.
	The center director shall assign a beeper to the group leader for the field trip, whenever the center director does not attend the field trip. The center director shall notify the main office if he/she is not attending (TRS only).
	Any staff member carrying the beeper on the field trip shall keep it with them (and turned on) at all times.
	The center director will orientate all chaperones and staff on details of the trip. See attached procedure list.
Respon	sibilities of staff members on field trip.
	Staff members shall take participant emergency information, and telephone numbers for the main office, on-call staff, and center supervisor.
	The group director should inform the bus driver of all times the group will meet at the bus, and the departure time of the group.
	A designated meeting location and time should be designated for all groups that split up.
	Each group must be aware of all emergency exits, first aid locations, lost person locations, and security locations in case of emergency.
	In case of emergency, the center director or main supervisor must be paged immediately.

Therapeutic Recreation Services

Target Program(s): All Programs Effective Date: February 5, 1995

Policy: Swimming at Indoor and Outdoor Pools

Swimming activities involve a great deal of planning and supervision. *Proper and careful supervision is extremely important during activities in and around the pool areas.* Procedures ensure that participant's are well supervised and risks are identified and minimized. TRS considers swimming activities to be very challenging for both staff and participants. Therefore, it is paramount to the safety of the participants and to the success of the activity that the following procedures be followed.

Procedure:

1) Determine the general ability level of the individuals in your group by contacting the parent **FIRST** or by sending a swimming assessment form to parents that requests the following information: (see attached swimming assessment)

Which best describes (you) your child:

taken any swimming classes, never been swimming before, is afraid of water, loves the water

Which best describes (your) your child's level of swimming ability:

can swim 25 feet, can dive under water, can tread water or float, cannot tread water Which best describes (you) your child:

independent swimmer, going to require 1 ON 1 assistance, going to require 2 staff to assist, needs a flotation device, has had a seizure within the last six months, has no known problems with participating in the swimming activity (temperature of water needs to be 76, child is extremely sensitive to sun, etc.)

- 2) When selecting a pool, review with staff:
 - 1. **accessibility issues** changing area, ramps, bathrooms, picnic tables, flotation devices available, umbrellas, anticipated crowd size, etc.
 - 2. **number of staff** (include bus aides) and volunteers needed to maintain appropriate ratios 3.**participant safety** concerns (ie. Sun sensitive, seizures, etc.)
 - 4. medications and registrations note any issues that may be of concerning
- 3) Group leaders will assign staff/volunteers to monitor the locker rooms, dry land activities, and pool activities. In addition, decide who will lead activities for*:
 - individuals who choose not to attend and stay at center
 - individuals who choose to attend but not swim
 - **remember staff to participant ratios must not exceed the authorized limit

In order to cover the additional safety areas in and around the pool, each group will need to have an additional 2 to 3 volunteers.

Group leaders staff assignments. Staff are not to leave their assigned area. At least one staff will stand by the pool and WATCH the participants in the pool to ensure EVERYONES' head is above water. One staff for every four participants must be in the pool at all times.

- 4) Before leaving for the pool:
 - have individuals take care of personal care needs
 - review expectations with participants rules and guidelines
 - place sunblock protective lotion on the individuals
 - 5) Group leaders will be assigned specific participants to supervise. Participants will be

issued a wrist band with various colors which will indicate assigned staff person & group leaders beeper #.

6) Any individual requesting to swim in water over their head must be accompanied by a staff member (volunteers can assist but not supervise). The individual must demonstrate the following swimming skills:

tread water for 2 minutes

swim (by any means) the width (side to side) of the pool

go under water safely

not exhibit any recent seizure activity or must be willing to use a swim vest (life preserver)

7) Use of Diving Boards is prohibited!!!

Supplies Needed

- 1) Staff will take participant's suntan lotion to each outdoor activity where it is anticipated that participants will be outside more than ½ hour.
- 2) Field Trip Permission Forms must request parents send the following items:
 - sunblock lotion
 - . tee-shirt to cover up
 - . towel for covering legs

Sunburn Precautions

- 1) Sunblock permission forms will be reviewed prior to leaving for the pool. If a participant does not have a sunblock permission form, the Group Leader must call the parent and let them know sunblock will not be applied.
- 2) Tee shirts should be used if the participants are exposed to the sun for more than 15 minutes.
- 3) For Individuals not wearing sunblock protective lotion, the Group Leader must take extra precaution: 1) wear clothing over bathing suit when not in the water; 2) only stay in the pool for 15 minutes; 3) move participants to shaded area or inside a building;
- 4) Make arrangements for the participant to return to the center if Sunburn precautions can not be applied.

Adventure Program RFP Attachment A **Swimming Assessment**

Name	Date	
Which	taken any swimming classes, (level of class) never been swimming before, is afraid of water, loves the water	
Whic	h best describes (you) your child's level of swimming abil can swim 25 feet, can dive under water, can tread water or float, cannot tread water	ity:
Which best describes (you) your child's level of support required: independent swimmer, going to require 1 ON 1 assistance, going to require 2 staff to assist, needs a flotation device, has had a seizure within the last six months, has no known problems with participating in the swimming activity (e.g. temperature of water needs to be 76, child is extremely sensitive to sun, etc.)		
Preca	utions:	

General Information:

I understand that I (my child) will be expected to follow the rules of	of the pool facility as well as the directions given be the staff.
For safety reasons, TRS requires all individuals who have had a while in the pool unless the parent/guardian indicates this is r floatation device to assure my child's safety.	
Signature (parent's signature if the child is under 18 or if required for adult)	Date
center file office file	

Activity

Planning, Implementation, Evaluation Procedures

Therapeutic Recreation Services

Target Program(s): All Dates Effective: February 5, 1995

Policy: Activity Evaluation

The activity evaluation is used to track information that is useful in determining the effectiveness of an activity.

- 1. Activity Evaluations should be completed at the completion of each activity.
- 2. A standardized evaluation form will be used to determine effectiveness of the activity and identify associated problem areas.
- 3. Group Leaders shall review evaluations with all team staff and discuss possible changes or alternations to any similar upcoming activities.
- 4. Group Leaders must return evaluation to the program supervisor (with bi-weekly staff time sheets).
- 5. The Program Manager shall complete an annual evaluation using information from the activity evaluations, parent surveys and participant interviews to determine effectiveness of the program, participants satisfaction, and changes for next year.

Therapeutic Recreation Services

Target Program(s): All **Dates Effective:** February 5, 1995

Policy: Program/Activity Cancellations

Employees must report to the activity site unless activities are canceled by authorization of the Division Supervisor, Branch Manager, Program Manager, or Agency Director. In case of inclement weather, cancellation announcements will be advertised on local radio stations and on the Fairfax Channel 16. For further information concerning cancellations, we recommend you call your supervisor or the office for information concerning closing. In cases where transportation services are utilized, programs/activities may be closed early at the discretion of the transportation service or driver.

If a specific program/activity is canceled because of unforeseen circumstances, staff will be given the opportunity to relocate to another program or take the day off without pay. In some programs, staff may be required to notify parents/participants of closing or location changes. Every effort must be made by staff to inform parents and guardians of early closing or program changes.

- 1. One hour prior to leaving for the center or meeting location, staff should call the TRS Reservation Line at 703-324-5519 to receive updated information about program changes and cancellations.
- 2. If time permits, Group Leaders are expected to call all individuals registered for the program to inform them of program changes or cancellations.
- 3. In the event weather conditions become a hazard to staff and participants, the Program Manager and/or Group Leader will determine if the program will be canceled or an alternative program selected.
- The Group Leader or Program Manager will make contact with each other and determine 4. the safest course of action.
- 5. Group Leaders will be notified of cancellations, early returns, or program changes.

Therapeutic Recreation Services

Target Program(s): Day Programs Effective Date: February 5, 1995

Policy: Activity Planning for Summer

- 1. The Daily Activity Plans are to be completed and approved each week. The Daily Activity Plan will consist of:
 - 1) Theme Week title (Elem only) & Theme Day (Teens & YA)
 - 2) Activity name of activity
 - 3) Time activity time frame
 - 4) Materials supplies needed for activity
 - 5) Procedures basic info about the activity
 - 6) Modifications- what changes are needed for participation
 - 7) Goal what will individuals gain from participation
 - 8) Group Ability Level what degree of disabilities is this planned for how will you handle differing abilities
- 2. Activities must be both age and ability appropriate for participants.
- 3. Activities should not be expected to last more than 30 minutes due to the short attention span of most of the participants.
- 4. Arrangements for all programs must be made by the Group Leader.
- 5. Weekly Flyers should be sent home at the end of the week to inform parents of activities their family member will participate in during the next week.
- 6. Activities are expected to meet program goals and objectives and to follow the Social Role Enhancement/Normalization standards indicated in the program description.
- 7. Cooperatively design a weekly activity schedule that includes physical activities, sports, hobbies, arts, drama, group games, home/individual games, and community outings determine level of independence of participants and establish level of support and supervision required

Planning Requirements for Summer

Activity Type	Typical Activities	Times Daily/Weekly
Theme Activities	Activities specific to the theme Theme suggestions for each week will be provided by TRS	1 activity daily (any of the activity types listed below)
Special Events	Family Days Community Out-trips Play, Music Video, Talent Show	2 Family events/summer; 1 Community Trip/week; 1 other special event/1 week
Hobby/crafts	Art projects, sewing, quilting, bracelets, paintings, pottery	1 activity daily
Home/Group Games	cards, cooperative games, board games, parachute	1 activity daily; introduce 2 new games per week
Fitness	Routine daily exercise program; "Sweating To The Oldies"	1 flexibility activity; 1 aerobic/cardio activity
Sports	Basketball, Croquet, Frisbee Golf	1 activity per day; introduce 2 new sports activities per week
Music/Drama	Sing-a-longs, story telling, skits, dance, movement exercises	3 music activities weekly 2 drama activities weekly
Social Sessions	Current Events, Social Dance, Coffee House, Party, Newsletter	1 activity daily 1 newsletter
Planning Group	Discussion of next days activities, assignment of duties	15 minutes at end of each day
Nature & Outdoors	Collages, Quest - Activities, Hikes, Sounds of Nature	3 activities weekly
Activity Centers/Tables (free choice activities)	Activity Centers - elementary Tables - teens/young adults	2, 30 minute sessions daily

Therapeutic Recreation Services

Target Program(s): Day Programs **Effective Date:** February 5, 1995

Policy: Creating a Stimulating and Appropriate Environment

A stimulating recreation environment encourages clients to participate to the maximum extent possible and create an enjoyable and fun atmosphere.

Procedure:

General Guidelines

- Allow the participants to come up with the ideas for the description of the special activity of the day.
- 2. The theme should be represented on the left side of the posters and the days should go across representing all six weeks.
- 3. Encourage your group to come up with a group name; for instance your group could be the Blue Whales.
- Create an environment that focuses on recreation and not education. 4.

Greeting Area

- A posted sign in and sign out sheet must be placed in the same location each day at a visible location closest to the point of entrance. Parents/guardian sign-in sheets should be placed at this location.
- Activity flyers and newsletters should be kept at the greeting area. All program changes or cancellations should be clearly posted at the greeting area.

Activity Rooms

- Activity rooms should be bright, colorful, and full of creative decorations such as mobiles, streamers, pictures, and projects.
- Activity calendars should be posted to announce theme weeks and special activities* (see section on special activities). This calendar is a pictorial highlight of the days activities.
- Special upcoming activities should also be posted on the wall so that the participants and parents are reminded of what activities are planned and to prepare for activities.

Format for activity calendar wallboards:

- The left hand column should denote all six themes for the summer and should pictorially describe the weekly theme.
- The top of the board should denote the leaders name, the name of the center, and a 2) phone number to call for information
- 3) Below this information please list the days of the week - across.
- Calendar will consist of the special activity for the day
- Place the calendar in the most visible area. 5)

Room Requirements:

Center:

Welcome sign and directions to rooms Guest are greeted and sign-in/out sheet is prominently placed License is posted (up-to-date)

Group Rooms:

Appropriate furniture (tables, chairs)

Decorations appropriate/stimulating

Activity centers

Quiet area is available

Mats are available (if appropriate)

Rules are posted

Flyers/newsletters posted

Welcome/greeting signs are posted

Sign listing group's location (field trip, playground, etc.) and expected return time

Bus roosters are posted

Goal and/or progress Board is displayed (building blocks)

Emergency #'s

Snack Menu

Activity Schedule

Staff names

Participant names

Staff client assignments

Activity Center Signs

Therapeutic Recreation Services

Target Program(s): Day Programs

Effective Date: February 5, 1995

Policy: Activity Set-up and Implementation

Well planned and properly set-up activities and activity areas allow for better management of behavior problems, smoother transition from one activity to another, better preparation of staff and volunteers,

and less interruption/disruptions of the activity.

Procedure:

1) Group Leaders and assistance should utilize the time prior to participants arrival to set up the

activities for the day. This includes: setting out all equipment and supplies required for the days

activities or organizing the equipment and supplies in such a way that it is easily accessible to the

group.

2) Group Leaders or assistant leaders are responsible for making arrangements required for the

activity (reservations, ordering/purchasing supplies and equipment. Group Ldr's should assign

volunteers, assistant staff, or participants to begin setting up the activity (supplies, equipment,

etc.) At least 15 minutes prior to the start time. It is the responsibility of the center supervisor to

ensure all arrangements are made for the center's various activities.

3) When arrangements such as purchases, food assignments, music, supplies, equipment, or

transportation are required, the center supervisor or the Group leader must confirm the

arrangements one week prior to the scheduled day of the activity.

Set-up of a Typical Activity

The success or failure of an activity often depends on HOW you prepare for the activity. The following

recipe for success will help you in your efforts to deliver a quality product regardless whether it is

something as simple as Go Fish or something as complicated as a production of Phantom of the Opera.

Staff will prepare for each activity in the following manner by resolving these issues:

1) What is the activity to be performed?

Basketball (example)

2) What are the goals and objectives?

Acquire skills, learn rules, teamwork, conditioning, etc.

3) Who will be participating?

Age, number of individuals

4) What is their ability level?

Ambulatory, non-ambulatory processing problems, quadriplegic, lower extremity paralysis, experience level, attention and memory, etc.

5) What modifications/adaptations are needed to ensure success?

Height of basket, rule change, size of ball, type of drills, break down of group to ability (high-low).

6) Do we have the equipment?

Basket, balls, whistles, gym

7) Staff knowledge of subject matter?

How to shoot, pass, dribble, defense, terminology, rules

8) Staff roles and responsibility?

Is the equipment set up?; who will lead specific drills; work with individuals requiring assistance

Activity Delivery

- 1) Greet individuals - Welcome! Glad you're here! Look what we have in store for you!
- 2) Provide clear expectations (behavior)

Here are the rules.... when I talk, please listen; you will have a chance to talk and ask questions

3) Explain activity (process)

> rules; how activity will be structured, terminology, have you played before? Are you on a team?

4) Begin activity with enthusiasm !!!!!!!!!!! Man your battle stations!!!!

Therapeutic Recreation Services

Target Program(s): Day Programs **Effective Date:** February 5, 1995

Policy: Weekly Activity Flyers

Activity flyers provide parents, guardians, and counselors with information concerning the upcoming events and activities. In addition, flyers provide an effective means for maintaining consistent communication with parents by keeping them informed of the activities scheduled and what is to be expected during upcoming events.

Procedure:

- Weekly activity flyers will be sent home on Fridays.
- 2. Special flyers are used to inform participants of upcoming events, trips, and special activities.
 - a) flyers will detail an activity that is scheduled for each day
 - b) flyers will detail trips (spending money requested, admissions, times)
 - c) flyers will detail supplies requested
- The following information must be stated clearly and attractively on the Weekly Activity Flyer:
 - location of center and phone number and emergency number if available
 - b) staff names
 - c) phone number of main office-Therapeutic Recreation Services (703-324-5532)
 - list of special activities scheduled for each day of the week d)
 - e) center operating times and dates ** indicate center closings**
 - theme week or day, logo of center or special center name f)
 - g) weekly snack menu
- 4. Flyers are to be submitted to your center supervisor no later than Wednesday for approval.
- 5. Center Supervisors will bring the group's activity plans and flyer(s) to the Supervisor's meetings which will be held weekly (T. B. A.).
 - a) the program manager will approve the flyer as it meets the above specifications
 - b) the center supervisor will copy the flyers and activity plans for dispersal.

Attached is a copy of a typical Weekly Flyer.

Field Trips

Field Trips are scheduled to provide participants with the opportunity to experience community activities and to interact with community members. Community field trip opportunities enhance CRS programs by providing diversity in the types of programs scheduled. Your goal is to provide both an enjoyable and safe experience for every participant.

Staff are required to implement field trips throughout the summer. Field Trips should be advertised on the weekly calendar or events or a flyer to provide enough time to inform parents about a trip and recruit chaperones.

Things T	o Do Before The Trip	Ingredients For Cossessful Field Trip
	Complete the Field Trip Planning form and	Ingredients For Successful Field Trip Planning And Implementation
	attach all relevant information. Turn in field trip planning form to your supervisor the Monday before the planned field trip.	_ advanced planning and preparation (daily schedule, staff assignments, volunteer usage, design of flyers & permission slips)
	Analyze the field trip for inherent participant safety & health risks and determine procedures to minimize risks. Once approved, proceed with field trip preparation.	_ accurate and complete communication with parents/guardians and participants, the office, and the Transportation office.
	Include field trip information on your	_ coordination with Center Staff and supervisors.
	attractive weekly flyer and ensure that parents/guardians have signed the field trip permission form that gives the following	_ confirmation of arrangements with the field trip destination.
	information: Date, Time, Cost, What To	development and review of safety risk
	•	d trip plan and Supervision Plan. Flyers need to
_	be handed out on Friday/Monday.	
Ц	Fax in the Field Trip plan every Monday bef	ore a field trip.
	Confirm who will be attending via returned p	permission forms.

	Meet with assigned staff to review directions and instructions concerning the safe
	implementation of the trip and any associated procedures such as emergency and supervision.
	Inform school staff of field trip.
	Make a large sign (bed sheet size) with the centers name for each bus. This makes it easier
	to identify the bus in the parking lot for the return trip.
	Organize equipment and supplies. Based on the field trip planned, procure all necessary
	equipment and supplies and take a Pager (Rec-PAC & TRS) and Cell Phone (TRS), first-aid kit, universal precaution kit, client registration form (for those, field trip permission forms, cooler if needed for lunches and drinks.
	Inventory wristbands
	o Do The Day Of The Trip pading the buses
	Review with chaperones the policy and procedures for field trips, arrangements for the day,
	the supplies and equipment that will be utilized, specific participant precautions and participant assignments. (See Checklist)
	Obtain all equipment required for the trip and make sure you know how to work the Pager
	and/or Cell Phone (make sure you have an extra battery for pager and the phone is charged).
	Take attendance and indicate staff/participant assignments; have assigned staff complete
	participation description forms.
	Ensure everyone has a wrist band (elementary only).
	Post a sign indicating where the trip is and when the group will be returning.
	TRS & Rec-PAC special exceptions- Determine which staff will stay at the center for those
Loading	not attending the field trip. the Buses

	The group leader will record the name of staff and participants on the bus roster.
	The group leader will conduct a final "Name Check" or "Roll Call" of each rider on the bus
	and compare the list to the registered participants.
	Provide a copy of the field trip itinerary, pager/phone #, attendance sheet and staff
	assignments to all staff and chaperones.
	Enforce Bus Rules:
	keep seated at all times
	use safety belts at all timeskeep hands and objects INSIDE the bus
	Reep hands and objects include the bus
While At	The Field Trip Location
	Note and record bus numbers. Designate a meeting place and time for return trip.
	Ensure a large field trip sign (bed sheet size) is displayed on the bus for easy detection.
	If tickets have to be purchased or other arrangements made, send one staff person to
	complete the transaction while the group stays together in a separate area.
	Remind staff, chaperones and participants of "check-in" times with the group leader and the
	designated return time.
	Follow participant assignments and supervision procedures and all other procedures relevant
	to the activity (e.g, swimming, lost persons, heat advisory, sunburn, etc.).
	Conduct head counts every 15 minutes and after every activity transition.
Returnin	g To The Center
	Each staff member will load their assigned participants and personal items on the SAME bus
	they arrived on.
	The group leader will conduct a "Roll Call" of names and complete the bus roster form to

ensure everyone is on the correct bus.
Another "Roll Call" will be completed once the door of the van or bus have been shut to
ensure everyone is on the correct bus.
Sign the FCPS transportation voucher.
Thank the bus driver!
Return all equipment and supplies to their proper place.
Complete evaluation form and give to supervisor for review.
Call supervisor if the bus is anticipated to be more than 20 minutes late

Planning For Trips

Flyer

- Flyers must be attractive and informative.
- The following information must be on a flyer: Center, Center Director name and phone, date of trip, location & time of departure and return, where the trip is going, cost of the trip, what is included in the cost, what to bring additional, reservation procedures, expectation/rules of conduct, extent of supervision, cancellation information, lunch information and ADA statement.
- Flyers must be turned in the Monday before the trip to your supervisor for final approval.

Field Trip Permission Forms

- Approved field trip permission form must be completed and signed by the participant's parent or guardian.
- The permission form is designed to provide basic information to the parents about the trip and to provide emergency information to the trip leaders.
- Center Supervisors are required to review the permission forms for completeness and call parents for clarification of information that is not clear.
- All children must have a signed permission slip indicating their intent for the trip. This includes those who will not be attending the trip. All registered participants must be accounted for before leaving the center.

Cancellation of Trips

Only your Supervisor has the authority to cancel a field trip. A backup plan will go into effect for trips that must be canceled due to inclement weather. Only your Supervisor has the authority to determine if a child cannot attend a trip.

Field Trip Plan

Field Trip Plan is to be faxed by COB	Monday afternoon before the field trip.								
Center: Date of Trip:									
Location:									
# Participants attending: # Staff	f: # of volunteers:								
	(attach volunteer form)								
Particpiant issues (i.e. behavior, medical, e	tc.):								
Any ADA accommodations for trips (ie. who	eelchairs, etc.):								
Task	Date to be completed								
Advertisement flyer completed									
participant/volunteer/staff assignment									
Permission slips signed for each child									
attending									
Schools signs and bus signs made for trip									
Risk management plan reviewed with staff									
Meeting with volunteers and staff to discuss									
field trip policies									
Inventory of wrist bands									
First aid kit complete									
Office School Staff informed of trip									
Center Supervisor Signature D	Pate								

Supervis	or's Signature Date							
	d not approved							
	Communication During Field Trips							
	During field trips communication must be established between leaders, supervisors, volunteers, and participants. Communication is essential to maintaining a fun, safe, and successful trip.							
Respons	sibilities of Center Director.							
	The center director shall maintain a copy of the field trip flyer and the group's itinerary for the day in the center's file. The flyer indicates destination of group, staff assigned, activity, times, and arrangements.							
	The center director shall assign a beeper to the group leader for the field trip, whenever the center director does not attend the field trip. The center director shall notify the main office if he/she is not attending (TRS only).							
	Any staff member carrying the beeper on the field trip shall keep it with them (and turned on) at all times.							
	The center director will orientate all chaperones and staff on details of the trip. See attached procedure list.							
Respons	sibilities of staff members on field trip.							
	Staff members shall take participant emergency information, and telephone numbers for the main office, on-call staff, and center supervisor.							
	The group director should inform the bus driver of all times the group will meet at the bus, and the departure time of the group.							
	A designated meeting location and time should be designated for all groups that split up.							
	Each group must be aware of all emergency exits, first aid locations, lost person locations, and security locations in case of emergency.							

In case	of	emergency,	the	center	director	or	main	supervisor	must	be	paged
immedia	ately	/ .									

Therapeutic Recreation Services

Target Program(s): All Programs Effective Date: February 5, 1995

Policy: Swimming at Indoor and Outdoor Pools

Swimming activities involve a great deal of planning and supervision. *Proper and careful supervision is extremely important during activities in and around the pool areas.* Procedures ensure that participant's are well supervised and risks are identified and minimized. TRS considers swimming activities to be very challenging for both staff and participants. Therefore, it is paramount to the safety of the participants and to the success of the activity that the following procedures be followed.

Procedure:

 Determine the general ability level of the individuals in your group by contacting the parent FIRST or by sending a swimming assessment form to parents that requests the following information: (see attached swimming assessment)

Which best describes (you) your child:

taken any swimming classes, never been swimming before, is afraid of water, loves the water

Which best describes (your) your child's level of swimming ability:

can swim 25 feet, can dive under water, can tread water or float, cannot tread water

Which best describes (you) your child:

independent swimmer, going to require 1 ON 1 assistance, going to require 2 staff to assist, needs a flotation device, has had a seizure within the last six months, has no known problems with participating in the swimming activity (temperature of water needs to be 76, child is extremely sensitive to sun, etc.)

- 2) When selecting a pool, review with staff:
 - 1. **accessibility issues** changing area, ramps, bathrooms, picnic tables, flotation devices available, umbrellas, anticipated crowd size, etc.
 - 2. **number of staff** (include bus aides) and volunteers needed to maintain appropriate ratios 3.**participant safety** concerns (ie. Sun sensitive, seizures, etc.)
 - 4. **medications and registrations** note any issues that may be of concerning
- 3) Group leaders will assign staff/volunteers to monitor the locker rooms, dry land activities, and pool activities. In addition, decide who will lead activities for*:
 - •individuals who choose not to attend and stay at center
 - individuals who choose to attend but not swim
 - **remember staff to participant ratios must not exceed the authorized limit

In order to cover the additional safety areas in and around the pool, each group will need to have an additional 2 to 3 volunteers.

Group leaders staff assignments. Staff are not to leave their assigned area. At least one staff will stand by the pool and WATCH the participants in the pool to ensure EVERYONES'

head is above water. One staff for every four participants must be in the pool at all times.

- 4) Before leaving for the pool:
 - have individuals take care of personal care needs
 - review expectations with participants rules and guidelines
 - place sunblock protective lotion on the individuals
 - 5) Group leaders will be assigned specific participants to supervise. Participants will be issued a wrist band with various colors which will indicate assigned staff person & group leaders beeper #.
 - 6) Any individual requesting to swim in water over their head must be accompanied by a staff member (volunteers can assist but not supervise). The individual must demonstrate the following swimming skills:

tread water for 2 minutes

swim (by any means) the width (side to side) of the pool

go under water safely

not exhibit any recent seizure activity or must be willing to use a swim vest (life preserver)

7) Use of Diving Boards is prohibited!!!

Supplies Needed

- 1) Staff will take participant's suntan lotion to each outdoor activity where it is anticipated that participants will be outside more than ½ hour.
- 2) Field Trip Permission Forms must request parents send the following items:
 - sunblock lotion
 - tee-shirt to cover up
 - towel for covering legs

Sunburn Precautions

- 1) Sunblock permission forms will be reviewed prior to leaving for the pool. If a participant does not have a sunblock permission form, the Group Leader must call the parent and let them know sunblock will not be applied.
- 2) Tee shirts should be used if the participants are exposed to the sun for more than 15 minutes.
- 3) For Individuals not wearing sunblock protective lotion, the Group Leader must take extra precaution: 1) wear clothing over bathing suit when not in the water; 2) only stay in the pool for 15 minutes; 3) move participants to shaded area or inside a building;
- 4) Make arrangements for the participant to return to the center if Sunburn precautions can not be applied.

Swimming Assessment

Name Date	
M/high haaf dagarihaa ()	
Which best describes (you) your child's swimming experience:	
taken any swimming classes, (level of class)	
never been swimming before,	
is afraid of water,	
loves the water	
Which best describes (you) your child's level of swimming ability:	
can swim 25 feet,	
can dive under water,	
can tread water or float,	
cannot tread water	
Which best describes (you) your child's level of support required: independent swimmer,	
going to require 1 ON 1 assistance,	
going to require 2 staff to assist,	
needs a flotation device,	
has had a seizure within the last six months,	
· · · · · · · · · · · · · · · · · · ·	
has no known problems with participating in the swimming activity (e.g. temperature of	
water needs to be 76, child is extremely sensitive to sun, etc.)	
Precautions:	
General Information:	
I understand that I (my child) will be expected to follow the rules of the pool facility as well as directions given be the staff.	the
For safety reasons, TRS requires all individuals who have had a seizure within the last six months	
wear a floatation device while in the pool unless the parent/guardian indicates this is not necessary	y. I
do do not need the use of a floatation device to assure my child's safety.	
Signature Date	
(parent's signature if the child is under 18 or if required for adult)center file office file	
Therapeutic Recreation Services	
Policies and Procedures	

Policy/Procedure:

Target Program: All

Medication/Medical Procedure Services (revised) 7/15/93

Purpose:

To establish guidelines to be followed when the physician of an individual receiving Recreation services prescribes a specific procedure to be provided for the participant during Recreation hours. The provisions of this regulation apply ONLY to identified individuals receiving Recreation services.

PROCEDURES

- A. The specific procedures include, but are not limited to, the administration of oxygen, tracheal suctioning, catherization, tube feeding, and postural drainage. The Fairfax County Department of Health will provide a review and recommendation regarding the appropriateness of ONLY those specific medical procedures to be administered by recreation staff. It is not necessary to obtain Health Department approval for the administration of prescribed medications.
 - 1. A newly executed authorization form is required at the beginning of each seasonal program or biannually for year round programs.
 - 2. All school aged participants are required to gain approval for the delivery of ALL medications and medical procedures including those that are self-administered that require storage and handling of medications or administration of medical procedures by staff.

REQUIREMENTS AND GUIDELINES

- A. When a physician believes that the administration of a specific procedure is necessary during recreation hours, a copy of the doctor's orders and the procedural guidelines to be followed must be filed with the Recreation Department. The physician's orders must include:
 - 1. Name of specific procedure in lay language with no abbreviations.
 - 2. Reasons for the procedure.
 - 3. The exact process to be followed by Recreation staff including the time interval between applications of the procedure.
 - 4. The exact conditions or symptoms that require repeating the procedure when appropriate and precautions that Recreation staff should be made aware of before, during, or after administration of the procedure.
- B. Approval must be received in the form of the parent/guardian's written request of the Recreation staff to be caretaker(s) of supplies or equipment and administrators of the specific procedures prescribed by the physician, including a statement of informed consent, signed and executed by the participant's parent/guardian.
- C. Required supplies or equipment must be taken or sent to Recreation center by the parent/guardian in a container approved by the physician.
- D. When the requirements of A, B and C above have been met, the following guidelines should be observed:
 - 1. A minimum of three persons in the Recreation center should be identified to learn to administer the specific procedure.

- 2. The persons should be regular members of the Recreation staff to ensure the presence of at least one of the three during Recreation hours.
- 3. The persons identified to administer the procedure must be instructed by the public health nurse or qualified designee. Where appropriate, pre-packaged, pre-measured dosage; other supplies or equipment must be provided by the parent/guardian.
- 4. Should there be any adjustments in the specific procedure to be administered, Recreation personnel must be informed in writing by the prescribing physician. Procedural changes may require additional training of the Recreation staff.
- 5. In cases where more than one specific procedure is prescribed, the physician must list the order in which they are to be administered.
- E. No over the counter medications will be administered without proper documentation and approval from a physician.
- F. Should changes in the medication order be needed for long-term medications, a written order from the physician or medical professional must accompany all changes.

PACKAGING OF MEDICATIONS

- A. Medications will be packaged with care to ensure information concerning the medication is clearly marked on the container.
 - 1. Prescription medication container labels must directly correspond with the contents of the container and will include: the participant's name, medication name, dosage, times given and by what method, precautions, expiration date, and authorized physician's name.
 - 2. If labels are not accurate, medication will be returned without being administered.
 - 3. The medication shall be packaged so that a there is a sufficient dosage to allow for the administration of the medication throughout the duration of the program.

DELIVERY OF THE MEDICATION OR MEDICAL PROCEDURE

- A. Medications will be administered by personnel who have been trained on proper procedures for medication/medical procedure delivery.
 - 1. Medication must be delivered to the Center or Program Leaders by the parent or designated attendant (FCPS transportation services).
 - 2. The Center Supervisor/Group Leader is the only individual authorized to administer medications and to complete authorized medical procedures such as catheterization and suctioning.
 - 3. All delivery of medications or medical procedures must be documented on the forms provided.
 - 4. The name of the medication, dosage, and time given is to be clearly stated on the form.
 - 5. A beginning count of the number of pills, tablets, or liquid that is originally sent in to the center must be clearly marked on the form. At the end of the program an ending count of the medication returned home must also be clearly marked in the appropriate place on the form.

- 6. A separate medication log form must be filled out for each participant requiring the administration of medication. All administered medication must be recorded on medication log form and kept with their registration form at the center.
- 7. Individuals who self-administer their own medications must initial the medication log to indicate it has been given.
- 8. Staff who administer medications must initial the medication form at the time given.
- 9. All problems, omissions, or concerns and actions taken must be recorded and dated on the bottom of the med form and the parent or guardian must be notified.
- 10. Procedures for catheters, suctioning etc. require staff to be trained by a County Health Nurse and with the parents in attendance before staff can perform the procedure.
- 11. Medications can only be administered if the participant's file has an attached approved medical form.

TRAINING AND CERTIFICATION

- A. All Center Supervisors and Group Leaders will be required to attend a four hour training on the State of Virginia's policies and procedures for medication delivery to individuals with developmental disabilities.
 - 1. A comprehensive training course will be provided by the Community Services Board on the delivery of medications.
 - 2. The training will consist of documentation of medication delivery, storage, symptoms of reactions, precautions, handling problems and omissions, and reading pharmacy labels.
 - 3. A comprehensive test will be administrated by a State Approved Trainer and a passing grade is required for staff to be certified with the state of Virginia for the administration of medications.
 - 4. A record of certification will be maintained in the employees personnel file.

INTERAGENCY APPROVAL

A. Each specific procedure prescribed by a physician (except prescribed medications) shall be reviewed by the Fairfax County Department of Health before being administered by Recreation personnel. Recreation staff may contact their Therapeutic Recreation Supervisor to determine those specific procedures that have been reviewed by the Department of Health or to arrange for a review.

PARENT NOTIFICATION OF PROCEDURES

- A. Parents will be notified on the initial registration form that a medication approval form must be completed by the child's physician. Further parents are provided a copy of the procedures for Medical Approval and Health Services. Specific medication and medical procedures are outlined in the Parent Handbook.
 - 1. The following information is placed in the Parent Handbook:

Should the administration of medication or medical procedures be required of staff during program hours, a medication administration approval form must be completed and approved by the Fairfax County Health Department and returned to the Recreation Department. This process may take 5 - 7 days. Prescription medication container labels must directly correspond with the contents of the container. If labels are not accurate, medication will be returned without being administered. Please request that your pharmacist create a container label with appropriate dosage required for the duration of the program. Over the counter medications, lotions, aspirin, cough syrups, etc. will not be administered by staff.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Head Injuries

Program: All

Purpose: To alert staff to the seriousness of injuries to the head and to provide guidance in

determining first aid or emergency actions.

Procedures:

General

Never leave head injuries to chance! ALWAYS call 911 if you have any doubts WHATSOEVER as to the severity of the injury. We always want to be on the safe side.

The following are examples of possible Head Injuries

- A fall and the head is bumped
- -Two participants bumping heads
- Participant hit by a bat or ball i.e., softball, basketball.

Symptoms of brain injury may not appear until well after the head injury occurrence. Therefore, it is very important to monitor and report all head injuries.

Procedures for a Head Injury with Observable Symptoms

<u>Symptoms:</u> brain injury resulting in swelling, bruising, dizziness, nausea, headaches, vision problems, and confusion or memory loss

- 1) If a participant has an injury involving the head and there are associated symptoms of a brain injury, staff should immediately contact the parent/guardian and emergency services while another staff member remains with the injured party.
- 2) After notifying the rescue squad, the staff member contacts the parent immediately, no matter if the injury is determined to be serious or minor in nature.
 - a. If you can not reach the parent, phone the designated emergency contact. If neither the parent or emergency contact can be reached during program hours, you must continue to try once you are home. If still unsuccessful, contact the Program Manager or on call person.
 - b. Staff member should document all conversations with parent/guardian.
- 3) Contact the Program Manager or Supervisor as soon as possible if the injury is determined by rescue personnel to be serious.

Procedures for a Head Injury without Observable Symptoms

- 1) If there are no visible symptoms of a brain injury, contact the parent to discuss the incident and determine the course of action needed.
 - a. If the parent wants 911 called, staff should proceed with arrangements as outlined above.
 - b. If the parent wants the participant monitored for symptoms, staff will engage participant in passive (not overly stimulating) activities. Staff will initiate the procedures above if the participant shows symptoms of a brain injury.

Reporting

1) Complete an accident report, call the TRS office for an incident log number, and fax the accident report to the office as soon as possible. Be as thorough as possible in the report.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Recording of Seizures
Purpose:

Target Program: All

To record in an accurate and timely manner the seizure activity of a participant; to ensure safe conditions; and to ensure medical concerns are addressed immediately.

Procedures:

Recreation Leaders shall:

- 1. Accurately record all seizure activity observed for each individual on the incident report. An incident report should be completed for each occurrence and should specifically indicate:
 - A. Behavior or condition of participant during the seizure activity: staring, wandering, falls, unconsciousness, confusion, skin color, jerking motions, bowel movement, drowsiness, increased activity, vomit, bleeding, head injuries.
 - B. Time and Duration of Seizure: time seizure began and time ended; total duration of seizure.
 - C. Behavior or condition of participant after seizure activity: color of skin, sleep, pain, restlessness, hyperactivity, etc.
 - D. First aid provided: 911 called?, bleeding, clearing air pathway obstructions, etc.
- 2. The Recreation Leader, should call 911 and the parent/guardian if the individual looks blue in color, appears to be having difficulty breathing, if the seizure is unusually violent, or if the seizure last more than **6 minutes**.
- 3. Communicate the incident of seizure activity to your immediate supervisor and to the parent immediately after observed seizure activity. Provide all details. If medical attention was required, follow the medical emergencies procedures.
- 4. If a participant appears to have a seizure but staff are unaware that they have a seizure condition and the individual is in no obvious medical distress (extreme violent motions, bluish skin color, head injury) than the parents/guardian must be called immediately to inform them of the incident. If the participant is not known to have a seizure disorder but has a seizure for more than 6 minutes or is in obvious medical distress, call 911 immediately then call the parent.

Tips For Assisting An Individual Who is Having A Seizure

- 1. Watch for an "aura" or signs of pre-seizure activity: confusion, glazed eyes, chewing of the mouth, restlessness, etc.
- 2. Immediately upon observing an Individual go into a seizure
 - remove any items around the person that may be harmful if hit
 - if the person is banging their head try to place a pillow or coat under their head do not place your hand under the head to cushion the impact
 - if the person has vomited, try a turn the individual onto their side
 - never try to force ANYTHING into the individuals mouth and do not give liquids to an individual

until they are conscious

- call 911 if the seizure is over 6 minutes or the individual appears in distress
- try to remove other participants from the area
- maintain the individual's dignity if they have soiled themselves; maintain privacy until the individual is ready to return to the group
- return to the general routine activities as quickly as possible
- 3. Complete an incident report, call the parents, and notify your immediate supervisor directly after a seizure incident.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Medication Administration

Target Program: All

Purpose:

To safely administer participants' prescribed medications and accurately record times given, dosage, and type of medication.

Staff Authorization

- 1. No medication may be accepted by Recreation Staff without receipt of a completed Administration Release Form. All medical procedures other than medication administration must be approved by the Health Department.
- 2. The Center Supervisor/Group Leader or designated/trained individual are authorized to administer medications and to complete administer medical procedures such as catheterization and suctioning.
- 3. Procedures requiring catheters, suctioning etc. require staff to be trained by a County Health Nurse and with the parents in attendance before staff can perform the procedure.
- 4. Over the counter medication, creams, lotions, aspirin etc. will not be administered at anytime. **Sunscreen** will be administered only if parents have completed a sun block permission form.
- 5. Medications can only be administered if the participant's file has the appropriate forms described above.
- 6. If an individual is to be administered medication and the parent did not send in the medication, call the parent immediately and inform them of the situation. At this point it is the responsibility of the parent to bring in the medication or decide to give meds upon participant's arrival home. Document in writing the actions taken by the parent and notify your Program Manager.

Medication/Medical Documentation Forms

- 1. Authorized staff who administer the medications will record the daily administration of medications on the prescribed Medication Log.
- 2. The name of the prescribed medication, dosage amount, and time to be given must clearly be stated on the form.
- 3. A beginning count of the number of pills, tablets, or liquid that is originally sent in to the center must be clearly marked on the form. At the end of the program count of the medication returned home must also be clearly marked in the appropriate place on the form.
- 4. A separate medication log form must be filled out for each participant requiring the administration of medication.
- 5. Each week, the Group Leader will send the medication form home to parents and the original will be filed in the participant's center file.

Administration of Medication

Prepare the area prior to delivering medications; make sure everything is clean,

- 1. Direct the participant to state his or her full name BEFORE preparing the medication. If the individual is not able to speak their full name, the participant's identity must be verified by at least two staff.
- 2. Read the medication order (medical approval form).
- 3. Read the label on the bottle after removing the bottle from the storage area.
- 4. Compare the prescription label with the medication order authorization.
- 5. Before pouring the drug, check expiration date to be sure medication has not expired.
- 6. Liquid medications: use only specially marked measuring devices to measure dose. Liquid should be measured at eye level. Pour the medication on the side away from the label to keep the label clean. Pour medication into cup for participant. Wipe off excess liquid on the bottle.
- 7. Capsules or tablets: pour exact dose of capsules or tablets into cap of bottle and then give to participant. If tablets are to be divided (half) they are to be divided by the parent or guardian and supplies to the Center already divided.
 - a. Observe the participant until medication is swallowed.
 - b. Do not transfer medications from one container to another.
- 8. Individuals who self-administer their own medications must initial the medication log to indicate it has been given.
- 9. Record the times the medications or medical procedures was provided and initial the appropriate box.
- 10. If a problem or error in taking medication occurs, notify parent or guardian and Program Manager immediately and consult participant's parent, physician or poison control.
- 11. It is crucial that medications are given at the prescribed time. It is the responsibility of the Rec Leader III to ensure Rec Leader II's dispense meds on time. Post a schedule to serve as a reminder.

Storage of Medication

- All medications must be in a double-lock system (locked box in a locked room) at all times.
 Medications must be kept in the medication box supplied and then kept in a locked room or a
 LOCKED equipment box. The keys to the locked areas must be kept with the Program Supervisor
 or back-up supervisor at all times.
- 2. Over-the-counter medications may not be given without appropriate authorization from the physician and Health Department.
- 3. Prescriptions must be in the original container with the pharmacy label. Generic prescriptions are

not acceptable (unless they are in the original container with the pharmacy label).

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Personal Care and Hygiene

Target Program: All

Purpose:

To provide appropriate assistance with personal hygiene and care and maintenance of consumer's health; and to ensure an individual's human rights are respected.

General: Taking care of toileting needs is probably the most personal activity of daily living. In order to promote self-esteem, it is important for the staff to handle this task in a positive and supportive manner. Individuals, regardless of age, should be treated with respect at all times. Maintenance and assistance with personal hygiene of participants is a part of staff responsibilities.

- 1. Review the participant profile information (located in the participant's file) which will indicate written information from the parents or careproviders describing whatever assistance, special materials or techniques, and precautions that should be observed or used to assist with toileting and other personal care and hygiene tasks. This will identify the level of assistance required for care of personal needs.
- 2. Personal care and hygiene assistance should only be given in the appropriate environment: bathrooms with a sink, soap and water; rooms designated and designed for changing/personal hygiene maintenance.
- 3. The following changing equipment should be available: table to change children on and a chair in the bathroom to transfer adults/teens to and from their wheelchairs.
- 4. Staff are to follow Universal Precautions Procedures at all times, including wearing gloves for protection. Gloves and personal hygiene supplies must be disposed of in a plastic bag directly after use.
- 5. Every attempt should be made to have male and female participants assisted by a staff/employee of the same sex. **Volunteers** will **not** assist with personal hygiene responsibilities.
- 6. If a participant has the following skills they will be allowed to enter the bathroom by themselves under the following conditions: 1) no indication in profile they need assistance; 2) manage their cloths; 3) have good hygiene habits; 4) can enter/exist room without assistance.
- 7. Regardless of the level of supervision, participants must be within sight or sound of staff at all times; in the event that the participant has the skills to attend to their personal needs, staff will monitor participants progress every 5 minutes. Remember: children 5 -12 years old must be sight and sound supervised at all times.
- 8. When staff accompany an individual to the bathroom, staff are required to complete the Personal Assistance Chart: indicate name of participant, time in bathroom, procedure (what occurred), and any comments.
- 9. If a person is not toilet trained staff must check the participant's diaper at regular intervals. Diapers should be checked at least once every hour or staff should ascertain from parents/careproviders if the participant is on a "schedule" and adhere to the schedule as prescribed.

- 10. Checking for soiled garments should only be done in the appropriate changing areas by the appropriate staff. Staff are to document if the participant has soiled cloths on the personal care assistance chart and a incident report to be given to the parents/care providers.
- 11. If an individual has a specific changing schedule or a catheterization schedule, the date and times of change must be documented on the individual's personal Administration of Medication/Procedures form which is maintained in their center file. Please indicate time of procedure and note any health problems, rashes, sores, etc. on an incident report.

NOTE: If a problem occurs while assisting with personal care, parents/careproviders are to be notified immediately. Problems may include: observation of rashes, change of clothing is not available, clothing soiled, clothing missing and other problems that preclude staff from caring for the individual. Changes of clothing are to be bagged and returned to the parent/careprovider at the end of the day.

Personal Assistance Chart

To ensure that personal dignity is respected, complete the following chart when personal assistance is required. All staff will share the responsibility of assisting with participants on a rotating basis.								
Procedures:	A = routine toileting B = change in diapers C = change of cloths D = medical procedure E = nothing happened F = other (describe)							
Name		Time	Staff ints	Procedure	Comments			

Site:_____

Date: /

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure Smoking Policy Target Program: All

Purpose

Smoking is prohibited in all Public Schools and it is important that all staff have a clear understanding of CRS's smoking policy.

Policy

Many participants in the Therapeutic Recreation Services programs have health problems associated with smoking, therefore, smoking is prohibited during program hours. Participants are also expected to follow the program rules associated with smoking during program hours.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program: All

Emergency Procedures (client services)

Emergency procedures are to be followed in the event any accident, injury or incident occurs that is life threatening or potentially harmful to the participants in the program. In the event of an emergency remember to stay calm and follow the procedures.

Emergency Procedures When an emergency situation arises check the scene for any dangers.	other potential hazards or
☐ Call 911 if the incident is an emergency (not able to be treated by first	st aid).
 □ Emergencies that warrant a call to 911: ■ allergic reaction ■ head injury ■ participant/staff having a seizure who has never had one ■ unconscious participant or staff ■ lost participant (missing for more than 15 minutes) ■ broken bones ■ detection of a fire Emergencies are not limited to this list. There may be other instances that 911 should be called. □ If you are unsure whether or not an incident warrants "emergency status," call your supervisor. It is always better 	Quick Tips For Handling an Emergency: ✓ Stay Calm! ✓ Check the area for potential hazards or danger. ✓ Call 911 and explain situation in detail. ✓ Provide appropriate care: CPR or First Aid ✓ Notify parent/guardian and your supervisor.
to call 911 when you are in doubt than to let a situation get worse by not calling 911.	
☐ If the emergency involves a participant in the program, the center supparticipants registration form and provide the paramedics or police we the participant. Information should include any medical information sprocedures, any information about allergies.	rith information concerning
☐ The staff member with knowledge of the participant and the incident and provide appropriate First Aid, CPR or support as necessary until personnel arrive.	
☐ Other available staff members will take the rest of the group to an are Staff should be prepared to begin an activity that will calm the participation of the something other than the incident.	

☐ The center supervisor or designated staff member will call the parents/guardians immediately and

provide them with complete information on the incident and actions taken by staff. If the participant has been taken to a hospital, inform them of the hospital's location, the estimated time of arrival and the staff person's name on-site.

□ The center supervisor must immediately contact the program manager to inform him or her of the situation.

Follow-up

□ The staff directly involved with the incident will write up an incident report, following the Incident Reporting Policy, and return to the program office within 48 hours (TRS fax to 703-324-5546, Rec-PAC fax to 703-222-9788, Community Centers fax to 703-222-9792)

□ The center supervisor will follow-up within 24 hours with the parent/guardian to inquire of the

condition of the participant.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure:

Target Population All

Sun Block Procedure

Purpose:

To allow TRS employees to put sun block lotion on participants as approved by parents/caregivers.

Procedure:

- 1. Sun block permission forms will be sent to all participants on the first day of their attendance in the program.
- 2. Upon receipt of completed signed sun block permission forms and sun block lotion, examine contents to assure it matches signed form.
- 3. Make sure child's name is permanently on container.
- 4. Place sun lotion in appropriate storage area.
- 5. Apply sun lotion as necessary, specifically when the participant will be outside for more than 15 minutes.

Precautions

- 1. Take other sunburn precautions as necessary: ensure individuals are kept in shady areas, clothing and towels are used to minimize exposure to the sun's UV rays, drink plenty of water, and use water cloths to cool the skin.
- 2. Sunblock protective lotion should be applied prior leaving the facility to participate in any outdoor activity lasting more than 15 minutes.
- 3. Note those individuals with sunburn precautions indicated on their intake application. Note those individuals taking medications which result in photosensitive skin.

Sunblock Permission Form

It is the policy of the Therapeutic Recreation Services to take sunburn precautions for all outdoor activities lasting more than 15 minutes.

I understa	nd that	many	of the ac	ctivities m	y child v	will partio	cipate in this s	ummei
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Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program: All

Handling of Food During Activities

Purpose:

CRS provides food or refreshments for recreational activities. It is expected that staff will observe all sanitary conditions for preparation, distribution, service, and storage, including safe temperature ranges.

Procedures:

Group Leaders will.....

- 1. Will keep all staff in the unit appraised of special dietary needs of each participant.
- 2. Post dietary precautions and other health precautions or provide a summary sheet to all staff both regular or substitutes. (see attached Summary sheet)
- 3. Prepare and serve food under sanitary conditions for hand washing, use of clean utensils, and proper temperatures.
- 4. Clean all tables and dishes using detergent and hot water.
- 5. Dispose of garbage and refuse properly. Notify Building Supervisor so they can dispose of garbage in a timely manner.
- 6. Offer alternative food selections to meet special dietary needs and reasonable participants requests or preferences.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program: All Heat Advisory

Purpose:

To ensure health risks to participants are minimized when a warm weather advisory is in effect (temperatures at or over 90 degrees with 60% humidity).

Procedures:

Indoors

- 1. All Centers will have an indoor temperature gauge.
- 2. Center Supervisors will record temperature of the building when attendance is recorded and called in each day.
- 3. In the event the building temperature is over 80 degrees, the Center Supervisor will call the Program Manager or TRS offices immediately.
- 4. If the building conditions do not improve and the indoor temperature reaches 82-84 degrees, contact the TRS Office and TRS staff will begin making arrangements to move the program or close the center immediately.

Outside

- 1. When attendance is called in each morning, the Center Supervisor will be appraised of unhealthy weather conditions and severe hot weather warnings.
- 2. In the event the TRS office issues a warm weather/heat advisory (temperature 90 degrees or above with 60% humidity), the Center Supervisor will notify staff and advise them to limit outside activity to no more than 15 minutes.
- 3. Outdoor field trips will be relocated to indoor facilities if the following conditions exist:
 - a. if the area visited is under direct sunlight with no shady areas
 - b. if no opportunity exist for children and staff to rotate in and out of air conditioned facilities every 20 minutes
 - c. if unlimited water is not available to children and staff
- 4. Group Leaders will ensure that participants drink lots of water while outside. Group Leaders will make sure a water fountain or water cooler is available at all times.

Precautions:

Children with respiratory problems should be closely monitored and sunburn precautions procedures implemented during all outside activities.

Heat and Sun Precautions

In hot, humid weather, be alert to the threat of too much sun. Good judgment and some simple precautions will help avoid possible dangers related to the heat. The heat of the sun can cause illnesses that range from unpleasant feelings to life-threatening heat stroke.

Health Risks

The risk of heat illness is present when the heat index is 100 °F or more: the temperature is above 90 °F and the humidity is above 60 percent. When the heat index is this high, several illnesses such as heat stroke, heat cramps, or heat exhaustion are possible with physical activity or prolonged exposure. The heat may overcome the body's ability to regulate internal body temperature at a safe level. Some of the signs of heat illness include nausea, weakness, fainting, and pale, clammy skin. A

warning signal before heat illness occurs may be red, dry skin. Prompt action can prevent the most serious heat illness -- heat stroke -- which is fatal 50 percent of the time.

First Aid for Heat Illness

To provide first aid for heat illness: stop activity, improve air circulation with a fan or air conditioner, and sponge the body with cool water. A conscious person should be given sips of cold, diluted fruit juice, sports drink, or water. Heat illness is an emergency situation and requires medical care!

How To Prevent Heat Illness

During hot weather, the following tips can prevent heat illness:

- Avoid heavy physical exertion in the middle of the day.
- Exercise less intensely.
- _ Wear light-colored, freshly laundered cotton clothing to reflect heat and allow air to circulate around the body.
- Drink at least 8 ounces of water or diluted fruit juice each hour. Alcohol and beverages with caffeine don't count.
- Wear a broad-brimmed hat in the sun.
- When in a closed space such as a car or house without air conditioning, open windows for ventilation.

How Much Exposure Is Too Much?

Some people are at higher risk for serious effects of ultraviolet exposure. Persons who have a family member with cataracts or skin cancer are considered to be at risk for those conditions. A fairer complexion increases the risk, but excessive ultraviolet light can cause problems in all skin types depending on the degree of exposure. Generally, if sun causes any redness or discomfort, it is too much exposure.

Certain medications and medicated soaps and creams may combine with the effects of sunlight to cause intense itching, skin burns, rashes, and swelling. These medications include,

but are not limited to, some birth control pills, many antibiotics, high blood pressure medicines, antihistamines, tranquilizers, and diabetes medications, and especially the psoralen class of drugs used to treat some skin disorders such as psoriasis. Discuss the risks of any medications you are taking with your doctor and pharmacist.

Protection From Ultraviolet Light

Follow these guidelines to avoid excessive exposure to ultraviolet light:

Sunscreen lotions and creams with skin protection factor 15-30, which are labeled as effective in screening UVA and VB, provide good protection when applied as directed. Reapply more often to nose, feet, earlobes, and bald spots.

The sports formulas are more enduring on spots with heavy perspiration.

Stay out of the sun between 10 a.m. and 3 p.m. as much as possible.

Hats and tightly woven clothing protect the shielded body areas from exposure. A broad-brimmed hat (3- to 4-inch brim) provides protection of the face and neck.

Check labels for sunglasses that block most of UVA and UVB light.

The ill effects of the sun are almost totally preventable. Precautions may seem unnecessary and inconvenient, but they are well worth the effort in the long run.

By Linda Patterson, R.N., M.S.N., Extension Health Education Specialist

Mississippi State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status.

Information Sheet 1524

Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. Ronald A. Brown, Director

URL: http://www.ces.msstate.edu/

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Illness and Injury

Target Population Day Programs

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Purpose:

Children who are sick or injured will be separated from the group to minimize the risk of illness exposure to other children and to keep injured children comfortable until the parent arrives.

Procedure:

Accident/Injury

In the event a child is involved in an incident/accident, the Group Leader will:

- 1. notify the child's parents of the incident;
- 2. discuss with parents the details of the incident, actions taken including first aid and actions taken to eliminate the risk of recurrence;
- 3. determine what medical attention, if any, the parent wishes; does the parent want staff to call 911 or will they be picking up the child;
- 3. contact emergency services (911) in the event the child requires emergency care other than first aid; * if life threatening, emergency services will be contacted immediately;
- 4. complete a written accident/incident report; place a copy in the child's center file and provide original to the TRS office.
- 5. if the incident involves two or more children, parents of all children involved will be notified; (information concerning the incident will be kept confidential and names of the children involved will not be discussed).

Illness and Health Issues

- 1. The Group Leader will notify the parent of a child exhibiting symptoms of sickness such as vomiting, diarrhea, or high temperature over 100 degrees.
- 2. If the parent can not be reached the Group Leader will contact the child's emergency contact (s).
- 3. The Group Leader will discuss the situation with the parent and inform them that they must make arrangements to pick-up their child within one hour.
- 4. If the child's symptoms continue and parents have not picked-up their child within 1 ½ hours, the Group Leader will:
 - a. call the emergency phone numbers
 - b. initiate emergency procedures if necessary (after first discussing the situation with the Program Manager.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Communicable Disease Policy

Target Population Day Programs

Purpose:

To protect participants from infectious and communicable diseases, children with certain communicable diseases and/or symptoms will be prohibited from attending/participating in TRS programs. TRS follows the Health Department Guidelines concerning communicable diseases. Common diseases that cause exclusion from TRS programs are: Chickenpox, German Measles, Impetigo Contagiosa, Measles, Mumps, Lice, and Scabies. These are just a few of the common communicable diseases, however, if your child contracts any communicable disease, you must call the TRS office immediately.

Procedure:

Notification By Parent of Communicable Disease Exposure

- The Center Director will be informed when a parent contacts the TRS office and indicates their child has a communicable disease.
- 2. Using the Virginia Health Department's guidelines for Communicable Diseases, the program manager inform the parent or care providers of the requirements for care and containment of the specific communicable disease.
- If a doctors treatment is required, participants will not be allowed to return to the program until a
 Doctors order for treatment is received in the office and the proper time for containment has been
 observed (as indicated in the Health Department's Guidelines). A:\Health. 2004.doc

Notification of Parents and Care Providers of Communicable Disease Exposure

- Using the Virginia Health Department's guidelines for Communicable Diseases, the Center staff will contact parents to inform them of their child's possible exposure to a specific communicable diseases.
- 2. Information on treatment will be sent home with all children.

The Center Director will:

1. Record the incident, contact information, and actions taken on an incident report.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program: All

Injury Prevention

Purpose:

To establish guidelines to be followed when planning activities that will help reduce incidents of injury to staff or participants.

Procedures:

Group Leaders will:

- 1. Review the necessary precautions and injury awareness issues as they relate to the specific disabilities. (See Attached)
- 2. As activity plans are made the Planning Team, under the direction of the Group Leader, will give thought to the following:
 - a. what are the inherent physical, social, emotional, cognitive skill requirements for the activity.
 - b. what are the inherent physical, social, emotional risk evident in the activity.
 - c. what type of equipment is required and is there risk involved in using the equipment.
 - d. what staff supervision ratios are required.
 - e. what procedures can be incorporated to minimize risk.
 - f. what staff training is necessary to reduce activity risk.
 - q. what adaptations or modifications to the structure of the activity can be made to reduce risk.
- 3. To reduce everyday injury risks the Group Leaders will incorporate injury prevention activities into the working structure of the group.

Identify areas in the facility that may cause injury (cluttered work areas, toys on floor, steps ramps, equipment and supplies that can puncture a participant or that the participant can ingest)

Identify transportation related injury prevention needs (steps, safety belts)

Identify activity risks (falling, uneven terrain for play, struck by a ball, bleachers, lack of protective equipment)

- 4. Train new staff and volunteers on injury prevention and process for assessing risks, identifying and notifying supervisors of risk areas.
- 5. All staff are responsible for notifying Center Supervisors and Program Managers of potential risk areas.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure:	Target Program:	ΑII
Infection Control		

Purpose:

CRS requires all TRS staff and volunteers to be educated and trained on infection control procedures and to follow correct infection control procedures when interacting with Participants.

Procedures:

All Staff will...

- 1. Refrain from handling food if staff member has a communicable disease or infected skin lesion.
- 2. Wash hands before and after serving food.
- 3. Wear plastic gloves when distributing food.
- 4. Promote participant hand washing or use of antiseptic wipes before handling of activity equipment.
- 5. Wash all mats with a disinfectant.
- 6. Fully read and demonstrate all procedures associated with Universal Precautions.

Universal Precautions Procedures are attached.

Universal Precautions Policy and Procedures

Purpose: To provide staff with specific guidelines to prevent exposure to bloodborne pathogens such as Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). **All human blood and body fluids will be considered potentially infectious.**

Policy and procedures will provide staff with basic knowledge and implementation guidelines required for universal hygiene precautions.

General Overview:

- 1) **Personal Protective Equipment:** All staff are required to utilize surgical gloves in reasonable anticipation of contact with potentially infectious material such as depends, items with liquid or semi-liquid blood, dried blood, fecal matter during toileting; and when performing medical procedures such as cath tubes and GI tubes. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately for laundering or disposal. Do not wash or decontaminate gloves for reuse.
- 2) **Disposal:** All regulated waste, such as depends, protective gloves, items with liquid or semi-liquid blood, dried blood or fecal matter must be placed in lined containers which prevent leakage of fluids during storage and when possible, are closable. Your group leader will work with the custodian to provide an appropriate container.
- 3) **General Hygiene Measures:** Staff shall immediately and thoroughly wash hands and skin with soap and water whenever contact is made with blood or other potentially infectious materials. Paper towels and towelettes shall be disposed in the same manner as regulated waste.

Sharps Management

- 1) **Definition:** Sharps are instruments or objects such as glass with blood on it that are used or have contact with blood or potentially infectious materials. Reusable containers are not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of injury.
- 2) **Disposal:** Clean up broken glass using mechanical means such as a brush and dust pan. DO NOT use your hands. Sharps containers must be puncture resistant, labeled, and leakproof on sides and bottoms and maintained upright throughout use.

Exposure

Employees who experience an exposure incident must immediately report their exposure to their supervisor and follow **EMERGENCY** procedures as described in your center operations handbook, supervisors handbook, operational handbook or employee handbook.

Universal Precautions Procedures

Handwashing and other General Hygiene Measures

Definition: Handwashing is a primary infection control measure. Appropriate handwashing must be diligently practiced. Handwashing is an essential element in a basic hygiene program. It is a critical deterrent to the transmission of infectious organisms. Handwashing should be encouraged after using the toilet, and immediately before eating, and it is essential before and after any other high risk situation when hands may come in direct contact with blood, human or animal body secretions and excretions. The importance of handwashing cannot be undermined by the belief that it is impractical. Adequate handwashing facilities must be available at all times.

- 1) Employees shall wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment.
- 2) Whenever other skin or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water as soon as possible.
- 3) If soap and water are not readily available antiseptic hand cleanser used in conjunction with clean cloth/paper towels or antiseptic towelettes shall be used. When these alternatives are used, hands shall be washed with soap and water as soon as possible.
- 4) Paper towels and towelettes will be disposed according to the disposal plan.
- 5) Eating, drinking and applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.
- 6) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
- 7) Use of the mouth for pipetting or suctioning of body fluids (GI tubes, Catherization tubes) or other potentially infectious materials is prohibited.
- 8) Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials. The prescribed practices must be listed and discussed.

Good handwashing practices include the following procedures:

- Ensure that each hand sink is supplied with dispensed soap and disposable paper towel.

 Germicidal towelettes should be provided where water is not available.
- . Wet hands thoroughly under warm running water, cold water if necessary.
- Dispense soap into wet hands; bar soap may be used when dispensed soap is unavailable.
- . Vigorously rub hands together for one minute, paying particular attention to the nail cuticles, spaces

- between the fingers, and under jewelry. Wash hands above the wrist level. Rinse hands thoroughly

- Shake hands to remove excess water.

 Dry hands using a disposable towel; avoid the use of common towel.

 Use the towel to turn of the water.
- Dispose of paper towel into a waste receptacle.

Housekeeping

Definition: The immediate work and recreation area will be maintained clean in order to reduce risk of infection.

- 1) The workplace will be maintained in a clean and sanitary condition. A written housekeeping procedure guide shall be followed using the appropriate materials and supplies.
- 2) Equipment and Environmental Working Surfaces
 - a) Clean contaminated work surfaces with appropriate disinfectant:
 - b) After completing procedure.
 - c) Immediately or as soon as feasible when contaminated or after any spill of blood or OPIM.
 - d) At the end of the work shift if the surface may have become contaminated since the last cleaning.
- 3) Remove and replace protective coverings (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when contaminated or at the end of the work shift if they may have been contaminated.
- 4) Regularly inspect/decontaminate all reusable bins, pans, cans, and similar receptacles which may become contaminated with blood or OPIM If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible. Inspection/decontamination and the position or person responsible must be identified.

Special Sharps Precautions

- 1) Clean up broken glass which may be contaminated using mechanical means such as a brush and dust pan, tongs, or forceps. Do not pick up directly with your hands.
- 2) Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of injury. Do not reach by hand into a container which stores reusable contaminated sharps.

Regulated Waste

- 1) Liquid or semi-liquid blood or other potentially infectious materials.
- 2) Contaminated items that would release blood or other potentially infectious materials (fecal matter) in a liquid or semi-liquid state if compressed.
- 3) Items that are caked with dried blood or other potentially infectious materials (fecal matter) and are capable of releasing these materials during handling.

Waste Containers

- 1) Any of the substances above must be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling and storage.
- 2) Containers will be designated by a biohazard label.
- 3) Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling and storage. If the outside of the container becomes contaminated, it is to be placed in a second container which must have the same characteristics as the initial container as discussed above. Follow the disposal method of the waste containers.

Sharps Management

Definition: Sharps are instruments or objects that are used or have contact with blood or potentially infectious materials.

- 1) Sharps containers must be closable, puncture resistant, labeled or color-coded, and leak proof on sides and bottom and maintained upright throughout use.
- 2) Containers are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are usually found. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps container.
- 3) Contaminated broken glass is also to be placed in disposable sharps containers (urinals, glass with blood on it).
- 4) Nearly full containers must be promptly disposed of by notifying the custodian or dropped off at your local hospital and replaced.
- 5) Contact your supervisor or program manager for details, forms, and other information.

Material Containers

- 1) If outside contamination of the primary container (trash bag) occurs, or if the specimen could puncture the primary container, the primary container shall be placed within a secondary container which prevents leakage, and/or resists puncture during handling, storage.
- 2) A special sharps material container will be available at each center to ensure that used sharp materials are properly and safely disposed.

Personal Protective Equipment

Definition: Personal protective equipment involves disposable gloves, plastic aprons, eye protectors, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags and pocket masks which are designed to protect against risk of infection.

- 1) All personal protective equipment (gloves, plastic aprons, eye protectors) will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees.
- 2) Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated.
- 3) The articles to be worn will depend on the expected exposure.
- 4) Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks shall be made available in a variety of sizes.
- 5) Employees who have allergies to regular gloves may request hypoallergenic gloves.
- 6) If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All personal protective equipment shall be removed before leaving the work area; it shall be placed in assigned

containers for storage, washing, decontamination or disposal. Signs in the bathrooms will notify employees as to where to put contaminated garments and other personal protective equipment upon leaving the work area.

Protection for Hands - Disposable Gloves

In any situation when hands may come in direct contact with body fluids or body wastes, the use of **disposable gloves** is necessary.

Disposable gloves should be used:

- 1) When it can be reasonable anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skins.
- 2) When performing medical procedures such as cleaning trachs, cath tubes, and GI tubes.
- 3) When handling or touching contaminated surfaces or items such as diaper areas, soiled clothing, assisting with personal hygiene at bathroom.
- 4) Disposable gloves must be replaced as soon as feasible when gloves are contaminated, torn, punctured, or when there ability to function as a barrier is compromised.
- 5) Disposable gloves are single use only!!!
 Do not wash or decontaminate single use gloves for reuse.

Following are the procedures for using disposable gloves:

- . Maintain a supply of disposable gloves in a readily accessible location.
- . Slip each hand into a clean glove, pulling it snugly over the fingers to assure a good fit. Pull glove over the wrist as far as it will go to maximize coverage.
- . Do not reuse gloves.
- . Remove gloves by turning the glove inside out as it is pulled over the hand. During the removal of the second glove, avoid touching the outer surface by slopping the fingers of the ungloved hand under the glove and pull it inside out as it is pulled over the hand.
- . Dispose of the used gloves in a lined waste container.
- . Wash hands thoroughly, following the Handwashing Procedures described above.

Protection for Eyes/Nose/Mouth

1) Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

CLEANUP Surfaces

(floors, walls, counter tops)

. Put on disposable gloves.

- . Sprinkle disinfecting absorbent over the spillage, wipe surrounding surfaces with paper towel.
- . After the spill has been absorbed, scrape material into small dustpan with spatula or paper towel.
- Dispose of the material in a lined waste container.
- . Spray affected area with a spray cleaner disinfectant.
- . After allowing for adequate contact time, wipe disinfectant from affected surface.
- . Dispose of paper towels and gloves in lined waste container.
- . Draw plastic liner out of waste container, tie, and immediately dispose of following normal procedures.
- . Wash hands thoroughly, following Handwashing Procedures above.

Objects

. Put on disposable gloves.

- . Discard contaminated items that cannot be cleaned.
- . Wash using clean, warm water and a general purpose cleaning agent. Use mops, sponges, or cloths that are kept separated from those used on floors, walls or plumbing fixtures.
- . Rinse thoroughly in clean water.
- . Disinfect or sanitize by spraying, swabbing with or immersion in a germicidal solution. A 10% bleach solution or commercially available disinfectant will be adequate when the manufacturer's directions are followed.

Objects that might be placed in a person's mouth should be rinsed in clear water after disinfection.

Persons

. Put on disposable gloves.

- Use a paper towel to wipe material from exposed skin, paying particular attention to the face. Allow person to rinse mouth, nose and eyes with running water, if possible. Germicidal towelettes should be used when running water is not available. Place soiled towels or towelettes in a lined waste container.
- . If practical, remove soiled clothing and place in plastic bag for laundering at a latr time. Assist in the cleaning of the affected body area. Put on clean clothing and/or notify parent. Soiled clothing should be laundered separately from the rest of the laundry. Use hot water and a cup of bleach in each load.
- . Notify custodian and/or use procedures for the cleaning of environmental surfaces and objects.
- . Remove gloves, disposing of them in a lined waste container.
- . Pull liner from waste container, tie, and immediately dispose of following normal disposal procedures.
- . Wash hands thoroughly, following Handwashing Procedures above.
- . For assisting with runny nose, coughing, and/or drooling, provide facial tissues and dispose of in plastic lined trash can. Wash hands after procedure is finished.

DIAPERING

Follow these procedures for each individual person:

Assemble supplies before starting. Use disposable diapers.

- Wash hands.
- . Put on disposable gloves.
- Place person on designated washable changing table or mat (near hand sink and used for no other purpose). The use of a disposable paper liner is optional.
- . Do not leave person unattended on changing table.
- . Remove soiled outer clothing if necessary, following Contaminated Persons or Clothing Procedures.
- . Remove soiled diaper, carefully folding inward, wrapping the diaper in its own plastic liner.
- . Put soiled diaper in small plastic bag and place in a lined waste container. Cover.
- . Cleanse the skin with a disposable wipe and an appropriate cleaning solution or a moist towelette moving from front to back (to prevent urinary tract infections), paying particular attention to skin creases.
- . Bulk salves, creams, or ointments must be dispensed from the jar using a disposable spatula. Do not use fingers. Squeeze tubes or bottles of these products are preferred.
- . Redress
- . Remove gloves following Disposable Glove Procedure.
- . Wipe person's hands with germicidal towelette, or wash in hand sink.
- . Disinfect change table surface and wipe dry with a paper towel.
- . As necessary, but as frequently as possible, draw plastic liner out of waste container, tie, and immediately dispose of following normal disposal procedures.
- . Wash hands thoroughly.
- . Report abnormal skin (rash) or stool conditions (unusual fecal consistency, color, odor or frequency) to parent.

TOILETING

In the event of a fecal or urine accident, refer to procedures for dealing with contaminated persons and clothing, surfaces and objects.

- Put on disposable gloves

- . Discourage group toileting, promote privacy.
- . Assist with the removal of clothing if necessary.
- . Assist in wiping the person if necessary.
- Using toilet tissue, a disposable wipe, and an appropriate cleaning solution or a moist, germicidal towelette, wipe person moving from front to back to prevent a urinary tract infection.
- Assist with redressing if necessary.
- . Remove gloves if necessary, following Disposable Glove Procedures.
- . Ensure person washes hands properly.
- . Wash your own hands thoroughly using Handwashing Procedures above.

Following toileting procedures mentioned above, except that after the person is dressed and before removing gloves:

- . Empty pot into toilet.
- . Rinse pot with water. Dispose of rinse water into toilet. If rinse water is obtained from hand sink, be sure not to splash sink or faucet.
- . Clean pot with a germicidal solution. Wipe with paper towel. Dispose of paper towel in a lined waste container.
- . Remove disposable gloves following Disposable Glove Procedure.
- Disinfect hand sink.
- . Proceed in this manner from each person.
- . Potty chairs should be cleaned with a germicidal solution at least once each day.

Using the Emergency CLEANUP Kit

- 1) Put on disposable latex gloves.
- 2) Sprinkle absorbent powder evenly over the spill, starting from the outer edges working toward the center.
- 3) Wait approximately one minute for spill to gel.
- 4) Using the spatula and dustpan, scoop up the gel and place it in the dispoal bag.
- 5) Rinse or spray the spilled area/surface with germicidal foam detergent or a 1:10 dilution of chlorine bleach or its equivalent, and wipe with paper cloth.
- 6) Place paper cloth in disposal bag.
- 7) Spray the spatula and dustpan with germicidal foam detergent and wipe with paper cloth. Place paper cloth in disposal bag.
- 8) Take off gloves and place them in disposal bag.
- 9) Close the bag with a twist tie and discard by placing in dumpster.
- 10) Wash hands.

Physicians Post-Exposure Checklist

Treatment for Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV)

Community Services Risk Manager at 703-324-5500.

Procedure: All physicians who are listed on the Authorized Physician's Panel for Workman's Compensation claims must follow the following procedure for Fairfax County employee exposure/post-exposure treatment bloodborne pathogins:

1) _____Review the copy of the bloodborne pathogins standard.

2) _____Complete the Medical Status Report (Workmens Compensation) and return it to the employee at the time of the visit.

3) _____Counsel the employee on his/her visit regarding post-exposure treatment and related issues.

4) _____If the physician recommends the post-vaccination series of shots, the Department of Community& Recreation Services will arrange these services for the employee through the Fairfax County Health Department.

5) _____Return your written opinion within 15 days of the completion of the evaluation.

Please note: Direct all questions/concerns to the Fairfax County Department of Recreation and

Employee's Post-Exposure Checklist for Bloodborne Pathogins

Procedure: All staff requiring emergency treatment and post-exposure treatment regarding exposure to Hepatitis B (HBV) or Human Immunodeficiency Virus (HIV), please use the following checklist as a guideline for emergency and post-exposure treatment. You must make an appointment with a physician listed on the Authorized Physician's Panel for Workman's Compensation claims reimbursement.

Upon exposure, your supervisor will be responsible for ensuring:

- * an employee accident form is completed and returned to the office within 24 hours (workers compensation)
- * the route of exposure and circumstances which incident occurred are documented
- * identification and documentation of the source unless identification is infeasible

Post-exposure treatment:

The employee will be offered post-exposure prophylaxis or any other medical treatment when medically recommended by the U.S. Public Health Service or an approved Workman's Compensation Doctor.

The exposed staff member shall:

1)	Be provided a copy of the bloodborne pathogins standard
2)	Utilize emergency room admission or arrange an immediate appointment (if it can be arranged) with an authorized physician as listed in your site file box (Employee Accident/Workman's Compensation file) or the Operational Procedures Manual.
3)	Provide Physician with the Medical Status Report upon you visit and return it to the office within 48 hours.
4)	Provide the Physician a copy of the bloodborne pathogens standard.
5)	Ensure your physician counsels you on your visit regarding post-exposure treatment and related issues.
6)	Receive the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
7)	If the physician recommends the post-vaccination series of shots for Hepatitis B, the Department of Recreation and Community Services will arrange these services for you with the Health Department.
8)	Contact the Therapeutic Recreation Services 703-324-5532 within 24 hours in order for the Program Manager to arrange the post-vaccination series of shots for you with the Health Department or for the need for additional post-exposure treatment.

Please note: Direct all questions/concerns to the Fairfax County Community & Recreation Services Risk Manager at (703) 324-5500 or the TRS office at 703-324-5532.

Personnel Policies

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Staff Training

Target Program: All

Purpose:

To ensure all staff are adequately familiar with TRS operating policies and procedures a plan for staff training will be reviewed annually.

Procedures:

- 1. All staff will attend mandatory training sessions prior to starting direct service work.
- 2. Training will consist of a variety of topics including: activity modifications, disability issues, behavior management, universal precautions, operating policies, personnel policies, and job duties and assignments.
- 3. Training schedules will be as follows:

Summer Staff 32 hours of training per year Saturday Staff 12 hours of training per year Adult Programs 16 hours of training per year

- Individuals who are employed after scheduled orientation and training programs will be required to schedule time prior to working directly with clients to received basic training in the following areas:
 universal precautions, 2) disability issues, 3) behavior management, 4) counseling skills, 5) activity facilitation, 6) policies and procedures.
 - * other training may be scheduled on the job.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
Employee Discipline Policy

Target Program: All

Purpose:

To advise employees of the Department's policy and procedures for disciplinary and termination actions. The policy is intended to guide supervisors through a fair and sensitive employee disciplinary procedure. sensitive process.

Job Expectations

A copy of the job description and performance standards will be given to staff during orientation. It is the employees responsibility to read the duties and responsibilities and comply with the standards for performance.

In the event disciplinary measures are needed the following actions may be taken.

Verbal Warning

If job performance does not meet the Department's standards:

- 1. an employee will be informed of the specific performance problem, the performance expectations, and the possible disciplinary actions that may result if performance does not improve.
- 2. the employee should take action to correct or improve job performance as outline during the counseling session.

A verbal warning or counseling may also be given for violation of Departmental policies, failure to follow an approved procedure, unsatisfactory performance, inappropriate treatment of consumers, absenteeism or tardiness.

Written Warning

A written warning may be given if a problem previously identified and discussed with the employee has not been corrected within the specifications discussed.

Written notice may also be given for refusal to follow instructions, insubordination, sexual harassment, physical or verbal abuse of clients, inappropriate treatment of consumers, or other policy violations.

Written notice will result in a letter to the employee's personnel file.

Suspension

Should the supervisor feel the situation calls for immediate action, an employee may be reassigned duties until the situation can be fully evaluated.

An employee may be immediately suspended from duties, with pay, until a decision concerning

the employees actions can be made.

Suspension will result in a letter to the employee's personnel file.

<u>TERMINATION</u>
Termination may result if discipline steps have not produced satisfactory and acceptable performance.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure
SMOKING POLICY

Target Program: All

Purpose:

Smoking is prohibited in all Public Schools and it is important that all staff have a clear understanding of CRS's smoking policy.

Many participants in the Therapeutic Recreation Services programs have health problems associated with smoking, therefore, smoking is prohibited during program hours. Participants are also expected to follow the program rules associated with smoking during program hours.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure VOLUNTEERS

Target Program: All

Purpose:

Managing Volunteers

Volunteers are a very important part of a successful program. However, staff needs to provide guidance and leadership to ensure a successful volunteer experience. Volunteers are people who have an interest in the service area and are willing to give up their unobligated time.

- Volunteers are interviewed and upon approval are placed in programs and utilized as much as possible. Volunteers make a commitment to the participants, the program, and the staff. For more information on volunteers please see the Volunteer Manual available in the Therapeutic Recreation Services office.
- 2. When volunteers are unable to complete their commitment or wish to terminate their relationship with the Department he/she may do so after discussing this with the Recreation Specialist supervising the program. The volunteer will be asked to give his/her evaluation of the position prior to the termination.
- 3. If a volunteer becomes a liability to the program and is not adequately fulfilling his/her volunteer contract, the position may be terminated. The Center Supervisor will give prior warning and counsel in an attempt to improve the situation, but dismissal from a volunteer position may result if behavioral changes do not occur. This will only occur if the appropriate documentation is available.
- 4. Annually the Department of Community and Recreation Services recognizes the selfless contributions of its volunteers. Letters of recognition and certificates are issued to each volunteer who donates time and skills to enhancing the quality of life for individuals with disabilities.

Procedures:

- 1) All volunteers must attend a Volunteer Orientation prior to starting the program.
- 2) The Site Coordinator or Program Supervisor must have a copy of the individual's application on file.
- 3) The volunteer will report to the Recreation Ldr II or the Site Coordinator at the beginning of each program.
- 4) The Site Coordinator or Leader II will record volunteer hours onto the volunteer service form and follow procedures as stated on form.

- 5) The volunteer will be given assignments in writing on a daily basis.
- 6) Feedback will be given to the volunteer regularly and discussion concerning the volunteer's work experience will be recorded on the individuals evaluation form.
- 7) An evaluation form must be completed at the conclusion of the program which the volunteer has been assigned. They should be evaluated on the specific task they were assigned throughout there work experience.

VOLUNTEER EVALUATIONS

volunteer ina	ame:									
Site:Program Supervisor on Site:										
Evaluated By:				DATE:						
Scale 1-5	1=Excellent	5=Needs Improve	ement							
Interactions	with participants		1	2	3	4	5			
Interaction w	rith other staff		1	2	3	4	5			
Punctuality			1	2	3	4	5			
Willingness t	o lead activities		1	2	3	4	5			
Dress			1	2	3	4	5			
Enthusiasm			1	2	3	4	5			
STRENGTHS	i:									
POSSIBILITIES FOR IMPROVEMENT:										
I have read the assessment of my volunteer work performance.										
Signature of	f Volunteer)ate					

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure Relocation of Staff

Target Program: All programs

Purpose:

Adequate staff ratios are maintained at all times to ensure quality of programming; to ensure participant's needs are met; and to ensure fiscal responsibilities are met. A staff relocation policy and procedure provides guidance when movement of staff is necessary.

Due to changing staffing needs, participants needs, and programmatic needs, staff assigned to specific centers may be relocated to other centers. Care should be exercised when staff relocation is necessary: 1) consideration for staff preference, 2) disruption to program continuity, and 3) staff work performance based on past evaluations should be considered when making a decision.

- 1) Should the need to relocate staff become necessary, the Center Supervisor will be informed of the relocation parameters (ie . center location, number of staff to be relocated, and selection of staff) and instructed to select the staff based on the following criteria:
 - a) staff selected for relocation must not cause undue disruption to the operating group's service or quality of programming.
 - b) staff who volunteer for relocation as a preference should be considered if the current operating group's service or programming is not disrupted.
 - c) staff who need improvement or demonstrate unsatisfactory work performance in critical position elements; programming and participant interaction and supervision.
 - d) staff who are not unduly affected by the transfer in relation to the travel distance between the center and their home.
- 2) The Center Supervisor must inform the Program Manager of the staff selected for relocation, reasons why the specific staff was selected, and any changes the staff's relocation will cause the program operating group. Final approval must be given by the Program Manager and all the details of the change will be discussed with Supervisor.
- 3) Once approval is obtained the Center Supervisor will notify the specific staff of their location change including: 1) directions to location, 2) hours of operation, 3) changes in position expectations, and 4) other information that may help the staff acclimate to their new location.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure Confidentiality

Target Program: All

Purpose:

All participant files and information must be maintained in a secure area. Information about a participant's personal information or actions should only be discussed with staff directly involved with that participant. In addition, release of confidential information must be approved in writing from the participant and/or parent. If anyone requests information concerning the participants, please refer them to the program manager.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure Personnel Policies

Target Program: All

General Rules of Employee Conduct

As an employee, you represent CRS to the public and, therefore, the following policies are to be followed as an appropriate standard for employee behavior:

- 1. Employees will dress in neat, clean and modest attire. Staff uniform shirts must be worn always during program hours.
- 2. Employees are expected to abide by common standards of decency and are to refrain from the use of verbal, physical, or psychological abuse.
- 3. Smoking is prohibited, in all Fairfax County Public Schools, and public facilities and on the surrounding grounds.
- 4. No intoxicants may be brought or consumed immediately before or while working at a program. Anyone entering the program in an intoxicated state will be immediately suspended from duties. A supervisor may take additional disciplinary action pending review of the situation.
- 5. Employees are not to use their cars to transport participants anytime.
- 6. Employees should notify their supervisor immediately of a change of address or phone number for any participants, staff, or self.
- 7. Unethical conduct, insubordination, or other highly inappropriate behavior will result in immediate disciplinary action, pending review by a supervisor.
- 8. Citizens are to be treated in a friendly and courteous manner.
- 9. All employees are expected to arrive at their site with enough time to ensure proper set up of the facility.
- 10. Employees are not to borrow from or lend money or other personal belongings to participants.
- 11. Employees are responsible for their personal belongings

Employment Contracts

Contracts for non-merit employees are renewed every six months unless the agency director has approved an increase in the length of a contract for a specific staff member. Only employees who score at or above a satisfactory level will have their contracts renewed.

Equal Opportunity Employer and Reasonable Accommodations Policy

The Fairfax County Department of Community and Recreation Services is an equal opportunity employer and service provider. CRS makes reasonable accommodations available to qualified individuals with disabilities to assist with the completion of required job duties and to access services and programs provided. All employees are expected to provide reasonable accommodations for qualified individuals with a disability. The Americans With Disabilities Act (ADA) requires CRS to comply with all provisions stated in the ADA. If you require assistance with identifying and providing appropriate accommodations or have questions concerning the specific needs of individuals with disabilities, please contact the Therapeutic Recreation Services division at 324-5532.

Probation

All new part-time employees are considered on probation for six months. Additionally, an employee may be placed on probation for a specified time for failure to complete his/her assigned job duties. Your supervisor will discuss the employee's work performance and improvement goals needed for satisfactory performance. Work performance will be reevaluated at the end of a specified time.

Required Certifications

All employees working directly with participants must have a current CPR and First Aid certification. Employees are responsible for all costs associated with the procurement and renewal of all certifications. All employees must have required certifications prior to employment.

Criminal Background Checks

Background checks will be conducted on all staff. Employment with CRS is contingent on results from the background check and the verification of required certifications. While employed with the agency, employees are required to inform their immediate supervisor or division supervisor of all arrest or pending court actions (information will be handled in a confidential manner). See the specific Employment and Criminal Conviction Records policy in the CRS policy manual for details information about employment options.

Driving Requirements and Standards

Employees may be required to drive County motor pool vans. If required, employees must submit a copy of their driving record that shows they have no convictions for reckless driving, DUI, and no more than three demerits or minus points for moving violations. Employees must inform their supervisor if they are involved in an accident or have been charged with DUI, reckless driving, or moving violations that will prohibit their compliance with the department's policy. Employees will not be eligible to drive if they fail to meet the above standards or if they have been involved in an accident with a County vehicle. If an employee is assigned to drive and is not unable because of his/her driving record, they may be transferred to another position at the rate of pay for that position. A CDL license is required for some programs. Individuals will be paid for training and testing for the CDL license; however, the cost of the license is the responsibility of the employee.

Assignments - Center Locations

Employees are selected and placed in positions and programs based on their work experience, education, field of expertise, and program preference. The agency tries to place each employee within a reasonable proximity to his/her home, however, the availability of staff and the needs of the programs will ultimately determine placement. If there is a problem in the placement, we will be happy to discuss the placement and review available options. Because of unforeseen variables such as, program attendance, staffing needs, and participant needs, CRS may relocate staff to other centers or other programs without prior notification.

Absences and Late Arrivals

It is the responsibility of each employee to call his/her supervisor or the on-duty supervisor when s/he is unable to work their approved work schedule. Employees are advised that excessive absences or failure to notify their supervisor before an expected absence will be documented and/or may result in disciplinary action. Employees requesting personnel leave must request leave a minimum of one week in advance of the date requested. In cases of emergencies staff must give as much notice as possible.

Program/Activity Cancellations

Employees must report to the activity site unless the Director of CRS closes facilities or cancels activities. In case of inclement weather, cancellation announcements will be advertised on local radio stations. For further information concerning cancellations, we recommend you call your supervisor for information concerning closing. In cases where transportation services are used, programs/activities

may be closed early at the discretion of the transportation service or driver.

If a specific program/activity is canceled because of unforeseen circumstances, staff will be given the opportunity to relocate to another program or take the day off without pay. In some programs, staff may be required to notify parents/participants of closing or location changes. Staff must try to inform parents and guardians of early closing or program changes.

Evaluations

Staff will be evaluated mid-season and at the conclusion of the program. Your supervisor will discuss the evaluation with you in person. CRS requires employees to sign the evaluation. Staff are provided an opportunity to make written comments related to the evaluation.

County Facilities and Equipment and Personal Property

Staff are responsible for maintaining their own personal belongings in a safe and secure area. Often the best area to keep personal belongings is in the trunk of your car. Also, staff are responsible for maintaining County equipment and facilities. Staff should immediately report any County equipment or facility issues to their supervisor. Failure to use equipment in a proper manner or report facility issues could result in disciplinary action.

Dress Code

Staff are required to dress appropriately for each activity. Please remember that we are working with the community and a conservative dress code is expected. Staff are expected to wear modest but comfortable clothing. Depending on the work location, staff may be issued T-shirts. Staff must wear the uniform T-shirt in the manner and in the condition in which it was given (no alterations of any kind are to be made).

Children/Family's Members Attending Programs

Staff's children are permitted to attend programs or events if they meet the eligibility requirements for the program. Although staff's children may be in attendance, staff are expected to monitor and work equally with all participants and to arrive and depart at the time specified for staff.

Physical Restraint and Touching

Physical restraint of any kind and touching in a disciplinary manner are strictly forbidden unless the individual has become harmful to themselves or others. Staff are expected to use good judgement when deciding to place their hands on (touch) a participant or when a crisis calls for physical restraint.

Touching is considered *inappropriate when* the individual is touched in a manner or location of the body where it may be considered sexually oriented, or that invades the personal space of the person, or when the touching is aggressive or hurtful, or when the individual is physically restrained for a non-crisis reason. When an incident requiring physical restraint or touching occurs, staff must report the incident immediately to the program manager.

Adult Abuse, Child Abuse and Human Rights

Information disclosed about, or reasonable suspicion of, neglect or physical, emotional, or sexual abuse must be reported to the appropriate authorities. Both ethical standards and the laws of the Commonwealth of Virginia require that staff must report this information to Child Protective Services or Adult Protective Services. Program reporting procedures, which include notification of supervisor and written documentation, must be carefully followed (see incident reports). If you suspect an adult or child is abused, it is your responsibility to report the suspected abuse to Child Protective Services at (703) 324-7400 (Hotline number) or Adult Protective Services (703) 324-7450. Be discreet and discuss the issue only with a supervisor and Child Protective Services/Adult Protective Services. Before reporting any abuse be very sure you believe the individual has been placed at risk or is in an at-risk situation.

Staff should conduct themselves in an appropriate manner at all times to ensure that they are not suspected of abusing a participant.

Confidentiality

All participant files (to include registrations) and information must be maintained in a secure area. Information about a participant's personal information or actions should only be discussed with staff directly involved with that participant. In addition, release of confidential information must be approved in writing from the participant and/or parent. If anyone requests information concerning the participants, please refer them to a supervisor.

Operational Procedures

Each employee is responsible for reading and following all procedural handouts or handbooks. Procedures may vary from center to center, and it is the responsibility of employees to acquaint themselves with procedures relevant to their assigned center. Orientation and on-site training will give staff the opportunity to learn job expectations, operating procedures, and other important aspects of the job. All staff are held accountable for proper implementation of the program operational procedures.

Participant Disciplinary Policy

From time to time employees must take action to resolve a problem that is disruptive to the program and interferes with the safe participation of other participants. Therefore, the Agency reserves the right to deny a participant's continuation in the programs if (1) the actions of the participant causes injury or threat of injury to others, staff, or self, (2) if the participant exhibits inappropriate behavior that may inhibit participation in community and center activities, or (3) the participant consistently does not follow the general rules of conduct even when assistance is provided. [See the attached Code of Conduct policy for guidelines of suspension and other disciplinary procedures.]

Appropriate Programming

Employees are responsible for planning, providing and facilitating appropriate recreational activities. Activities must be age-appropriate, culturally and socially sensitive, positive in nature, and focus on building character, self-esteem, and lifelong leisure interests. If you are uncertain as to the appropriateness of the activities, please consult with your supervisor.

Reimbursement

Generally, the employee's entrance fees for any activity is paid for or reimbursed. CRS does not cover expenses for food. For example, an employee would not have to purchase admission to a movie but would be expected to buy his/her ice cream if the group were going to an ice cream parlor. When appropriate, recreation fees will be collected in advance, thus allowing the recreation fee for staff to be included in the charge to the participants.

Staff Meetings and In-Service Training

In-service training and staff meetings are scheduled as needed. Staff are paid for mandatory meetings and training. Training is provided to staff two to three times per year to address new procedures, problems or to review critical issues that are related to the program.

Scheduled training requires mandatory attendance. Employees will be notified at least 5 weeks in advance of scheduled training dates so they can make arrangements to attend. If employees are unable to attend for reasons of schedule conflicts, family emergencies, or illnesses, then they must schedule a make up training time at the convenience of the trainer. Employees may be restricted from returning to work until training has been complete. Employees who fail to attend training without notification or reason will be dismissed.

Smoking Policy

Smoking is prohibited during program hours and on school and County property.

Supervision

Employees will not leave their groups unattended at anytime. There will always be staff to support you when you need assistance. You may only leave the group if there is a life- threatening situation.

Employees must be aware of the placement of their group in an area and be able to see/supervise teens at all times. The center director should directly position staff near areas that require more safety considerations.

Termination - Voluntary

If at anytime an employee is unable to complete his/her commitment or wishes to terminate their employment with the agency, we request at least two weeks' notice. A letter of resignation should be sent to the program manager indicating the reason for the resignation and the effective date.

Time and Attendance Reports

All employees are required to sign the staff log when reporting to work. Employees should indicate the time they reported to work. At the end of a shift, staff are required to sign-out on the staff log. Supervisors use the logs as a record to determine the number of hours to pay a staff member.

Telephone Use

Personal phone calls are not to be accepted during work hours. Some programs operate in schools and phones are available in the school offices for emergency use only. Some programs are issued a portable phone to be used for work-related calls. It is the responsibility of the supervisor or their designee to ensure the phone is charged and readily available for use at the centers.

Volunteers

Volunteers may be assigned to assist specific participants, to setup activities, to arrange refreshments, etc. Volunteers will not be placed with direct responsibility for sole supervision of participants. Individuals interested in volunteering for any activity must **first complete a volunteer application and attend the volunteer orientation**.

Emergency Procedures

Emergencies are those incidents/accidents that are or may potentially threaten the health of staff or the participants.

- 1. All accidents (major and minor) must be reported to your immediate supervisor and program manager immediately.
- 2. Your supervisor will arrange for emergency transportation of the injured person. Emergency information is on the staff emergency contact and volunteer or participant registration form. Administrative staff will notify the emergency contact listed on the employees application form.
- 3. Employees are required to have Red Cross first aid and CPR certification and are expected to use first aid or CPR as needed.
- Supervisors should refer any medical problem that is not able to be treated by basic first aid to a medical clinic or hospital (employees must use approved worker's compensation Doctors/Hospitals).
 - A. If the problem is serious or if you are unsure of the seriousness of the injury, call 911.
 - B. If the problem requires minimal intervention, call the parent/guardian for advice on how to proceed.

Emergency Procedures for Worker's Compensation Claims

1. If an employee is injured on the Job, a Worker's Compensation form must be completed and

- your supervisor notified immediately.
- 2. Employees must receive medical attention within 24 hours and all forms must be returned to the office within 48 hours.
- 3. Please attach all pertinent physician reports, bills, and follow up orders to the completed Worker's Compensation Forms.
- 4. When seeking treatment for an injury, all employees must use an approved physician or emergency treatment center. Copies of the approved treatment programs are maintained in the center operational procedure's notebook.

Universal Precautions and Bloodborne Pathogens Policy

Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers exposed to human blood and certain other body fluids. CRS will take all possible measures to prevent exposure of employees. Therefore, all staff must become familiar with and follow the guidelines for universal precautions.

Although all positions within the Agency are considered no/low risk, all teen center employees will be provided training and information on universal precautions. All staff must complete the Universal Precaution training and review the expected procedures annually. If an exposure occurs, staff are provided post-exposure examinations, treatment, and follow-up.

A complete copy of the procedures are maintained in the center's operational manual. Individuals who wish to appeal any decision of risk of exposure should contact their program manager immediately following the training. Employees will follow all procedures and report any incidents of exposure to their supervisor.

Emergency Procedures for Post-Exposure Treatment of Potential Blood Borne Pathogens Exposures

- 1. Follow the emergency worker's compensation procedures.
- 2. Read the specific procedures for post-exposure incidents in your <u>Universal Precautions Policy</u>. A copy of the complete policy is in the center's operation manual.
- If the doctor recommends post-exposure treatment ensure all documentation is completed and notify your supervisor immediately. The County's Health Department will provide post-exposure treatment.
- 4. If an exposure incident occurs involving participants, please follow the procedures outlined in the operations manual.

Fire Drills

Every employee should be familiar with all exit routes from the facility. Select an appropriate space outside the facility in which to lead the participants in case of fire or emergency.

First Aid Kits

Each program or center location is issued a first aid kit and universal precautions kit. It is the responsibility of each staff member to inventory the kits and replenish supplies as necessary. An alternate kit must be taken with the leader when the group is out of the center.

Medications and Medical Procedures

If employees are currently taking medication, they must maintain their own medications in a secured area (locked and not accessible to the participants, such as their car trunk). No-over- the-counter medications such as aspirin can be given to participants. Only assigned and certified leaders or other assigned staff may administer medication or a medical procedure (catheterization, suctioning, etc.) to participants.

Employee Disciplinary Policy

The immediate supervisor is authorized to immediately suspend employees pending review of the situation if the actions of the employee are determined to be: (1) gross misconduct, (2) negligence, (3) failure to complete the essential job duties, or (4) in engaging in inappropriate behavior. A supervisor must inform the division supervisor of the disciplinary problem, document the incident, and recommend appropriate actions. With approval, the supervisor will immediately carry out the approved disciplinary action.

Examples: (1) staff does not follow stated procedures, e.g., registration, facility security; (2) staff uses aversive or punitive behavior management methods/disciplinary methods that are not acceptable as outlined in the training manual; (3) staff is not attentive to the needs of the center or jeopardizing the safety of participants

To initiate disciplinary actions, the supervisor will proceed in the following manner depending on severity:

Verbal Warning

Immediate supervisor will inform the employee of the specific performance problem when the employee's job performance does not meet the division's standards, the performance expectations, and the possible disciplinary actions that may result when performance does not improve. A written memo may be used to emphasis the verbal warning.

Written Notification To Personnel File

- _ An employee will be given a written warning:
 - when a performance problem (previously identified verbally) has not been corrected within the specifications discussed;
 - when the division's policies and procedures have been comprised; or
 - when the actions of the employee causes conflict or disruptions within the operation of the program to include refusal to follow instructions, insubordination, sexual harassment, physical or verbal abuse of clients, inappropriate treatment of participants, or other policy violations.

Written warning will result in a letter to the employee's personnel file.

Dismissal

When an employee becomes a liability to the program and is not adequately fulfilling his/her duties, the employee's immediate supervisor may recommend termination of employment. Supervisor will follow the Fairfax County Personnel Regulations for employee disciplinary and termination procedures.

Suspension Pending Incident Review

_ In the event an incident occurs that requires further investigation or review, an employee may be placed on suspension with pay or temporarily reassigned to other duties until a full review is made and appropriate action determined.

Probation

As a result of identified performance problems (such as failure to complete assigned job duties as indicated in the position description), an employee will placed on probation for a specified time and a work performance improvement plan will be discussed with the employee. The employee's immediate supervisor will discuss the employee's work performance and improvement goals needed for satisfactory performance. Work performance will be reevaluated at the end of a specified time. Failure to improve work performance will result in dismissal.

Therapeutic Recreation Services Policies and Procedures

Target Program(s): All Programs Effective Date: April 2004

Policy/Procedure: Cell Phone Use

Purpose: To ensure that the time staff spend with clients are not interrupted by personal calls while working. TRS wants to maintain quality supervision of clients, and be able to give the clients our full attention. TRS would like to minimize disruption that influences our quality of service.

Procedure:

- 1) Personal use of cell phones while working will be limited to emergencies and work related issues only.
- 2) All staff should store cell phones in supervisor's office with all other personal items.
- 3) If this is not complied with Rec III will notify Program Manager and the appropriate disciplinary action will be taken.

Program Operations Procedures

Client Supervision and Management

Procedures are designed to assist staff with handling problems and concerns directly related to the supervision of assigned participants.

Health Services

Medication delivery, health emergencies, personal hygiene, and other health related procedures are described in the Health Services section.

Activity Procedures

Activity procedures outline how specific activities should be structured for to ensure safety of

customers.

Administrative Procedures

Guidelines and policies are outlined governing the administrative management procedures required for program implementation.

Personnel Issues

Personnel procedures are outlined to inform employees of a variety of personnel issues such as, Smoking, Discipline, Relocation of Staff, and other related issues.

Vehicle Procedures

Vehicle procedures are provided to guide staff in loading and unloading buses, picking up Motor pool vehicles, and general rules for driving.

Client Supervision and Management

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program All

PHYSICAL RESTRAINTS - HUMAN RIGHTS

Purpose:

Physical restraint should be used only as the last resort in managing or controlling a destructive behavior that is a direct or perceived threat to the participant, peers and staff.

1. The following information is provided to guide staff through situations where they may feel that physical restraint is necessary.

Only use physical restraint if:

- * Individual is causing damage/danger to self or others
- * Individual is attempting to leave a site while in a uncontrolled state
- * Staff will only use physical restraint in a defensive manner (to keep the individual from harming themselves or others)
- 2. Mechanical restraints (arm restricters, jackets) are not to be used at any time unless prescribed by a physician.
- 3. Any incident that requires physical restraint must be documented on an incident report.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure:
Participant Disciplinary Policy

Target Program All

Purpose:

From time to time the TRS staff must take actions to resolve a problem that is disruptive to the program and other participants. CRS reserves the right to deny an individual's continuation in the TRS programs if: 1) the actions of the participant causes injury to others, staff, or self, 2) if the participant exhibits inappropriate behavior which may prohibit participation in community and center activities and/or group activities; 3) the participant does not meet the eligibility requirements for the program; or 4) the participant consistently does not follow the general rules of conduct even when assistance is provided.

Once a problem occurs, staff should follow the guidelines outlined in the Behavior Management procedures located in the Planning Manual:

- 1) review reason and cause of the behavior and redirect the behavior as necessary.
- 2) discuss the situation with parents and participants; clearly outline the expected behavior and support that is being given to help control the problem.
- 3) complete documentation of actions taken and results obtained; keep parent informed
- 4) inform program supervisor and program manager and request assistance for resolution.
- 5) should a decision be made to terminate the participant's enrollment, the Program Manager will contact the parents and participants.

All attempts will be made to work through the problem and all efforts will be documented. Under no circumstance will physical, emotional, or verbal abuse be tolerated as an acceptable method of behavior management.

General Rules of Conduct

All children are expected to maintain basic behavioral conduct while at the center. Individuals are expected to follow the general rules (with or without assistance) which include:

- * respect the rights and property of other participants and staff
- * stay with assigned group
- * participate as fully as possible
- * maintain appropriate self-conduct/control
- * care for personal belongings or request assistance as needed program Operations Procedures

Suspension from a Program:

- 1. Participants who have injured themselves, other participants or staff may be suspended immediately pending completion of an assessment and review of the incident.
- 2. Suspension may occur as part of a consequence plan (consequence of inappropriate behaviors).

3. The time of suspension/termination will be determined by the type of behavior exhibited.

serious injury to other participants or staff = immediate termination, reinstatement (1st occurrence) TBD hitting/injury to other participants or staff immediate termination, reinstatement (biting, hitting, pushing, etc.) (3rd occurrence) hitting/injury to other participants or staff immediate suspension, minimum of (biting, hitting, pushing, etc.) 1 activity session (2nd occurrence) hitting/injury to other participants or staff assessment of situation, discussions (biting, hitting, pushing, etc.) with parents and participant; develop (1st occurrence) behavioral strategies aggressive behavior/threats which= incident review after second incidents: places others at risk of injury discuss with parents and participant; (includes damage to property) verbal warning given inappropriate language, running from incident review after 2 incidents. group, stealing, pulling fire alarms time out and behavioral plan completed * if issues reoccur an incident review will be conduct and suspension determined

- 4. When appropriate, participants will be reinstated pending a meeting with parents and/or development of an approved behavior management plan.
- 5. All procedures must be documented in detail and submitted to the Division Supervisor for a final disposition.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure:

Target Program All

Handling Disruptive Behaviors

Purpose:

To provide guidelines for the management of disruptive behaviors.

Procedures:

- 1) Identify the behavioral problem and the specific reason for the problem.
- 2) If you can identify the specific cause for the behavior, you may be able to eliminate or work with the "situation" in order to control or set rules for the person exhibiting the disruptive behavior.
- 3) In cases of severe or recurring behaviors, the problem should be documented on an incident report. Notify your supervisor before contacting the parent.
- 4) Parents should be notified of the situation and of actions taken. You may wish to ask the parent for advice on how to proceed.
- 5) Your supervisor should be updated regularly of the situation.
- 6) If necessary, a meeting between staff, supervisor, and parents may be necessary to determine further actions.
- 7) All actions taken should be clearly stated on the incident report. Should you have any recommendations concerning behavior management or disciplinary actions, please record them on the form.
- 8) The incident report should be sent to your supervisor. After the incident has been noted, a copy will be sent back to the center for filing in the on-site participants file.
- 9) Documentation is important!!!! If it becomes necessary for a participant to be dismissed from the program, the documentation will provide backup information of the problem.

Tips for Handling Disruptive Behaviors

- * Clearly state the "rules" or expectations for the participant to follow.
- * Reinforce appropriate performance immediately.
- * Inform the participant of the consequences if the behavior continues.
- * Look at the situation or environment before the behavior occurs the environment or situation may be altered to control the behavior.
- * A written contract with the participant may be useful.
- * Do not use physical restraint, aggressive techniques or verbal abuse.
- * Inform the parents of the situation.
- * Redirect the participants attention, this may require activity changes.
- * Use time out ONLY if time out is not a "negative" reinforcer.
- * Document all actions taken!!!!!!
- * Seek help from your supervisor.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program All

Behavioral Management Guidelines/Plan

Purpose:

Guidelines are provided to assist employees in practicing appropriate behavior management methods. The Guidelines are to ensure the participants' rights and dignity are maintained and the staff are utilizing non-aversive behavior management techniques.

General Rules Of Conduct

- General Rules of conduct should be discussed with participants and monitored by staff to ensure
 appropriate behavior is maintained. If appropriate, encourage the participants to help decide the
 "Rules of Conduct". If the participants are involved in the Rule Making, then they may understand
 and follow the rules more closely.
- 2. Rules should be discussed regularly with the participants to ensure they remember and understand what is expected and what behavior is not expected.
- 3. Rules should be posted, if appropriate.
- 4. Rules are designed for everyone and everyone is expected to follow them. Therefore, even staff are expected to follow the rules!

How to Reinforce Appropriate Behavior

- 1. Positive reinforcement should be given when appropriate behavior is exhibited or when the individual follows the rules.
- 2 Examples of positive reinforcement are:
 - a) Praise
 - b) A hand on the shoulder
 - c) An expression of caring
 - d) Point system (when age appropriate)
 - e) Additional activities or free time for good behavior
 - f) Stickers or treats (when age appropriate)

How to Manage Behavioral Problems

- 1. When inappropriate behavior disrupts or is in any way dangerous to staff or participants, the following measures are to be taken;
 - a. Acknowledge the participant's behavior or distress. The participant should be asked to stop the inappropriate behavior and you should discuss with the participant what he/she was doing and what the appropriate behavior should be; Counsel the participant(s) about appropriate behavior;
 - b. Assess the reasons for the behavior.
 - c. If the inappropriate behavior continues, the behavior modification techniques agreed upon by the Recreation Specialist should be followed.
 - d. Use approved non-aversive behavior management measurers: ignoring the behavior,

redirecting the behavior, and modeling the expected behavior. If you feel the behavior management techniques you are administering are not effective, contact the Recreation Specialist immediately. The Recreation Specialist will set up a meeting to discuss the situation.

e. If necessary, remove the child from the activity or isolate the child from the group. This may mean that a staff member will have to sit out with the participant. Please try to present an isolated experience for the individual by not talking, listening to music, or allowing the participant to engage in any activity that may reduce the "isolation effect".

In the event staff are unable to effectively and safely manage an individual's disruptive behaviors (self-abusive actions, biting, tantrums, hitting, running away) staff will take the following actions:

- 1. consult with parents and teachers concerning the exhibited behavior;
- 2. design and carry out a plan to work with the child;
- 3. re-evaluate the situation within a reasonable period;
- 4. if the disruptive behavior continues to exist or endanger self, peers, or staff, we will contact the parent or guardian and the participant will be terminated or suspended from the program.

TRS will not use physical punishment or restraints, humiliation or shaming, denial of food, loss of privileges or time out as a method for managing inappropriate or disruptive behaviors.

Approved Behavior Management Techniques

1. *It is essential that acceptable behavior be continuously reinforced* through positive methods as suggested above. Positively reinforcing appropriate behavior patterns help to eliminate inappropriate behavior. However, inappropriate behavior must often be confronted as well.

Behavior patterns that exist do so because they have been reinforced. Some suggested methods of managing these negative behavior patterns are as follows:

- a. <u>Planned Ignoring</u> Sometimes the simplest way to eliminate undesirable behavior is to stop reinforcing it by planned ignoring. Someone who is "acting out" is usually seeking attention, even if it means receiving negative attention. Therefore, if you fail to satisfy the need for attention by "planned ignoring," the individual will often tire of the behavior since his/her needs are not being met.
- b. <u>Consistency</u> Individuals will test their boundaries as to what is acceptable and unacceptable behavior. Therefore, it is important that established rules be consistently enforced. Otherwise, the rule will be ineffective and might as well be dropped.
- c. Role Modeling Be a good behavior model. Showing respect and demonstrating good listening skills when they are speaking will encourage respect and good listening skills in them. **Modeling** is a form of social learning that may foster reinforcement of desirable behavior. New responses can often be guickly acquired if the Inclusion/Integration Companion models the desired behavior.
- d. <u>Physical Environment</u> Where possible, make sure that the physical environment is structured and that you have clearly communicated these physical boundaries.

- e. Evaluation If maintaining discipline becomes difficult, evaluate the activities:
 - . Is the physical environment contributing to the confusion?
 - . Is the activity to elementary or too difficult?
 - . Did the child want to be removed because of fear of failure?
- f. <u>Contracting</u> You may wish to make a verbal or written contract for behavior. When writing a contract the participant will be ask to agree with specific rules they have not thus adhered to. The contract will contain, criteria, reinforcement, and intervention activities.
- g. <u>Natural Consequences</u> must be placed on all inappropriate behaviors. If the individual is permitted to continue the inappropriate behavior without a consequence, then the chances of the behavior reoccurring is great. A natural consequence is * an individual bites a child, he/she is suspended from the program, a child hits another during a game, the child is required to leave the game.
- h. <u>Positive Praise</u> provides rewards that also encourage the repetition of desirable behavior. Usually less tangible rewards such as social reinforcers (attention, affection, approval) and verbal praise are adequate to encourage appropriate behaviors. Attached is a list of possible social reinforcers and verbal praise.

2. Inappropriate behavior can be prevented!

Take note of what happens before the behavior to cause it (antecedent) and prevent it by reorganizing the room, using different approaches, separating participants, changing voice tones, restating rules, etc.

3. State all directions in a positive way!

Example: <u>USE</u> <u>AVOID</u>

Walk Don't Run!
Keep your hands down Stop hitting!
Lower your voice Quit talking!

4. Rules for writing rules

- 1) State them positively
- 2) Post them on the wall
- 3) Use only up to 5 rules
- 4) Teach them role play them
- 5. Try **documenting how many times in 30 minutes you say something positive** AND how many times you say something negative to a participant. The positive:negative ratio should be 10:1!!!!
- 6. Suggested *reinforcing words and actions*:

Actions

Pat on the back Nod Laughing with the participant

Wink Smile Handshake

Glance of recognition Gestures of approval Have participant demonstrate

<u>Words</u>

Yeah Okay Wow Perfect
Marvelous Clever Delightful Oh, yeah
Positively Sharp Super Great

Yes Good Nice Exactly

All right Of course Fabulous Congratulations Brilliant

Uh huh Terrific Fine Go ahead Correct Thank you

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure:
Late Parent Policy

Target Program All

Purpose:

To effectively communicate the Department's late parent policy and to ensure participants are maintained in a safe environment until parents/guardians/counselors arrive.

An individual that is participating in a Fairfax County Department of Recreation program must be supervised by CRS paid staff at all times.

- 1. In the event that a parent/care provider is late picking up a participant from any CRS program, a staff person must stay with that individual until the parent/careprovider arrives.
- 2. The following steps should be taken in the event a parent is late in picking up a participant:
 - * Call the home/contact person to find out the circumstances.
 - * If there is a problem try to work with the parent in a calm manner.
 - * Staff are not permitted to transport participants in their cars at any time.

If the parent is running late:

- Remind the parent of the program ending time
- Suggest the parent to call the school office (summer only) when they anticipate being late.
- Remind the parent that the building closes ½ hour after the program ends. Please let the parent know you will have to wait outside with their child.
- Remember to have the parent sign the sign out form to verify time the child was pickup.
- Thank them for their cooperation and don't forget to mention something good that happened involving their child that day Remember: the child is the most important person involved!
- You must notify the program supervisor within 24 hours when a problem occurs and complete an incident reports outline actions taken.
- 3. In the event that a parent is late to pick up their child more than 2 times, the parents will be notified by the Recreation Specialist concerning the Late Policy and actions taken. These measures will only be taken if the appropriate documentation has been provided to the Recreation Specialist.
- 4. Staff will be able to claim time that is earned when waiting for a parent if they have notified the program supervisor within 24 hours of the incident.
- 5. If a Summer Youth Employment Participant (SYEP) or volunteer (school-aged) is not picked up by the end of the program, you are to follow the same procedures. However, you must call your supervisor immediately and the program manager will make arrangements with manpower!
- 6. Complete an incident report describing the problem and actions taken. The report must be returned to the office within 48 hours of the incident.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: <u>Target Program</u>

Lost Persons All programs

Purpose:

To provide a systematic procedure to prevent loss persons and manage the situation when an individual is separated from the group.

Procedures:

In the event an individual leaves the center or assigned group, or may have demonstrated an inclination to do so, staff will precede in the following manner:

Prevention

 Before problems arise, identify individuals that you think may have trouble staying with the group. Make sure you <u>assign specific staff</u> to supervise those individuals. Note comments on registration forms such as: "likes to be alone" "wanders" "likes to explore a new environment" "short attention span" "runner".

Participant Assignments: each staff is responsible for a group of specific participants. Staff is responsible for the where about of their assigned participants at all times. *To avoid confusion, participant assignment changes can only be made by the site coordinator.

Head counts should be taken regularly and are required before and after the group moves from one location or activity site to another. This includes bus/van loading and unloading.

- 2. It is recommended that, if possible, the group should be broken down into small groups (2 staff leaders per group). It is easier to keep track of 3 to 5 participants when in small groups of 6 to 10 people.
- 3. Have pre-arranged meeting times and locations to check-in with other groups and discuss how to get in touch with site coordinator. (Depending on activity, cellphones, walkie-talkies, or beepers may be available).
- 4. Physical contact with the participant, who has been identified as a "wanderer", may be helpful in providing the supervision level needed. If physical contact is used, please do not hold hands with adults, instead, guide the participant by the elbow or use light pressure on the small of the back.

Search Procedures

- 1. Upon discovering a missing person from your group, one staff member should immediately report the disappearance to the site supervisor.
- 2. If the program is divided into small groups the staff/leader should begin search procedures immediately and then contact the site supervisor or center director as soon as possible.
- 3. The site supervisor and one other aide or leader (if staff/participant ratio allows) will search the immediate area where the participant was last seen, as well as areas the participant is familiar. Be sure to inform the custodian, staff, and other persons involved in the search of a description of the individual's and clothing.
- 4. Other staff must remain with respective groups unless staff to participant ratios (1:4 at all times)

allow for additional staff to assist in the search. If necessary, you may combine groups to maintain an appropriate and safe ratio. The groups should be moved to a contained area to allow for more effective supervision.

5. If the participant is not located within 15 minutes:

- a. <u>Contact Police Emergency 911 or the security patrol guards</u> and explain specific circumstances, including: information about the individual's disability, description of the individual, and exact location in which the individual was separated from the group.
- b. Have an accurate description of the participant prepared for the police i.e.., clothing, height, weight, facial features, noticeable characteristics etc. In addition, have the individual's file ready for the police if requested.
- c. If the program is located in a school facility: *Notify the custodian or Contact school security 703-764-2400.
- 6. Contact your supervisor or supervisor on call and inform them of the situation. Be prepared to provide the following information:
 - name, address, age, functioning level, and medical issues of the participant
 - a brief description of the situation
 - staffing situation: areas you have covered, position of staff, maintenance of staff ratio/supervision
 - emergency personnel called & phone numbers of emergency contacts
- 7. Contact the individual's parent or guardian and relate the events which lead to the separation, the actions staff and authorities have taken to find the individual, and number were the Site Supervisor or Center Coordinator can be reached. Before ending the conversation with the parent/quardian, make arrangements to keep them posted of the ongoing progress.
- 8. Only the site supervisor will be permitted to leave school grounds or the community area and search the vicinity and only after informing a predetermined designated Leader to be in charge of the program.
- 9. Keep your supervisor informed of the situation!!! * If your location changes or if the participant has been located, you must inform your supervisor/contact immediately.

Returning Participants

- Your supervisor or the supervisor on call will coordinate the following with the site coordinator or designated staff:
 - phone calls to parents
 - medical attention
 - coordination between emergency personnel
 - returning the remaining group members to their base locations
 - coordination with parents
- 2. If needed, the site coordinate and/or designated person will remain at location until participant is located or until the program supervisor arrives.

Follow Up/Reporting

1. Complete an incident report and attach any other reports that may have been completed by other authorities. (Refer to procedures for reporting incidents and emergency situations.)

- 2. Reports should be returned to the TRS offices no later than 72 hours after the incident.
- 3. The parent/guardian should be contacted within 24 hours to follow-up on the incident and to ascertain the condition of the participant.

On-Site Support

- 1. After initial procedures have taken place and if coverage for the base can be arranged, the Oncall Supervisor or other Designated Program Supervisor will assist with emergency search procedures at the location.
- 2. Within 1 hour of the initial report, the Program Supervisor or Division Supervisor will contact appropriate Department Personnel (Director, Deputy Director) to inform them of the situation. At this time a decision for further action will be determined. If need be, the Public Information Officer will be contacted and provided details.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program

EMERGENCY PROCEDURES (client services)

All programs

Purpose:

Emergency procedures are to be followed in the event any accident, injury or incident occurs that is life threatening, serious or potentially serious in nature or potentially harmful to participants.

In the event of an emergency, please stay calm and follow these procedures:

- 1. Call 911 if the incident is an emergency (not able to be treated by first aid) or a head injury.
- 2. If you are not sure if the incident warrants "emergency status", call your supervisor or on-call staff.
- 3. The Center Director will pull the individual's registration form and provide the paramedics or police with information concerning the individual including specific information about their medication or medical concerns ie . Allergies, catheters ...
- 4. Staff with knowledge of the individual and the incident will stay with the participant and provide appropriate First Aid and support as necessary until emergency response personnel arrive.
- 5. Other available staff or volunteers will take the remainder of the group to an area that is safe and controlled and begin an activity that will calm the participants down and help them focus on something other than the accident.
- 6. The Center Director or alternative director will call the parents immediately and provide them with complete information on the incident and actions taken by staff. If the participant has been taken to a hospital, inform them of the hospital's location, the estimated time of arrival and the staff person's name on-site.
- 7. The Center Director or designated staff handling the emergency must immediately contact 703-324-5532 and/or notify the on-call TRS program manager using the emergency beeper number. Emergency numbers are listed on the emergency list at the front of the notebook.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program All

Confidentiality

Purpose:

To provide guidelines for the dissemination and storage of client/consumer information from Fairfax County Community and Recreation Services, Therapeutic Recreation Services.

General

It is the policy of the Fairfax County Community and Recreation Services, Therapeutic Recreation Services (CRS/TRS) that information obtained by any operated program or contractual agency, which is identifiable to a specific individual enrolled in CRS/TRS programs, will only be disclosed to:

- 1) staff who provide case management or therapeutic recreation interventions to the client/consumer
- 2) to other persons authorized by the client or his representative
- 3) or as otherwise required by law.

Access to Individual Data Records

All individual client/consumer data records are the property of the CRS/TRS. Physical custody of these records is maintained by the staff of the CRS/TRS program or programs which are serving the client/consumer. Information about a client/consumer may be transferred to any staff member of any CRS/TRS program which is involved in planning for, or providing care for the client. No information about a client/consumer will be released to any CRS/TRS contract agency, other agencies, or individuals without specific written authorization from the client/consumer, or his representative.

Physical Safeguards and Security of Records

Individual clinical, recreational assessments, and/or participant intake information records maintained by CRS/TRS services program shall be stored in a secure manner to preclude access to the records by unauthorized persons. Records that are located in satellite locations must not be removed from the location. Records located in the main office area may not be remove from the TRS office. Records must be returned at close of business to the appropriate records cabinet unless records are required for services in the evening.

Statistical Reports or Program Evaluations

Individual client data records that may be required in statistical reports, research activities or program evaluations may be released without prior written consent of the client provided that the data are not identifiable to the client/consumer.

Computerized Client Data

All computerized client data will be treated in accordance with the policy.

Therapeutic Recreation Services Policies and Procedures

<u>Policy/Procedure:</u> Staff to Participant Ratios **Target Program** All Programs

Purpose:

A staff to participant ratio is maintained to provide safe and supportive supervision to participants. The following ratios are indicated for the following programs:

Programs for Customers with Developmental Disabilities

Children's programs: Leisure, Adventure, Smile, Motorskills 1:4

Adult Programs: Mixers, LeisurEscape 1:4

Field Trips: 1: 3

Programs for Customers with Physical Disabilities

Children's programs: Explorers, Soccer, Bowling 2: 5

Field Trips: 1:2

Instructional Programs: children - 1:3

Adult 1:5

Social Clubs: Community-based trips 1-4

Facility-based programs 1-8 (adults) 1-6 (teens)

Reasonable accommodations are provided and include additional assistance from staff, modifications of the activities, adapted equipment, and other reasonable accommodations.

Notice of Customer Rights

Therapeutic Recreation Services tries to provide its customers with the best possible services and to ensure the rights of each individual are respected. As an employee of TRS you have a duty to make sure that the these rights, which are protected by government regulations, are adhered to in all services. No one may take away a customers rights, except in rare special cases.

A customer has the right to:

- be treated with dignity and respect
- receive services regardless of their race, national origin, sex, age, religion, handicap, or ability to pay
- help develop their activity plan, treatment or program plan
- privacy and quiet time
- confidential handling of records and information
- be protected from harm and abuse
- receive services in a safe and clean place
- ask questions and get help with their rights
- have their complaints heard and when possible resolved

Confidentiality

Therapeutic Recreation Services staff shall not disclose information or written documentation without the full consent of the customer. Failure to adhere to confidentiality procedures will result in immediate personnel action.

Grievance

If the customer believes their rights have been taken away, the customer may follow these steps:

- > Call or write the agency supervisor or program director with their complaint.
- If the complaint is unresolved, the customer may ask for a formal meeting. Staff are available to assist a customer in submitting the request.

Human Rights and Confidentiality Acknowledgment

I have rec	eived a	written/verba	l su	mma	ary of the	rights	of a	custo	mers a	nd I	have	been
appraised informatior	,	responsibility	for	the	confiden	tial tre	atmen	t of	custom	er r	ecords	and

Signature of employee	Date
cc: personnel file	

122

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program All

Child Abuse and Human Rights

Purpose:

If you suspect child abuse it is your responsibility to report the suspected abuse to Child Protective Services at 703-324-7400 (Hotline number). Be discreet and discuss the issue only with the program manager and Child Protective Services. Before reporting child abuse be very sure you believe the child has been placed at risk or is in an "at risk" situation. This topic will be covered in orientation.

Refer to attached Child Abuse Literature.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program

Individual Recreation Goals

Recreation Therapy

Purpose:

Therapeutic Recreation Services are required to establish specific recreation goals for each child. This process involves identifying leisure oriented skill development areas, short term goals, and specific interventions to facilitate the individual reaching the desired goals. TRS staff will complete daily documentation on the individual's progress. Parents/guardians, school teachers, or other professionals will be contacted prior to the program for assistance in the formulation of the leisure skill goal. Parents/guardians will be kept abreast of the progress through weekly sharing information reports.

- 1. Individual plans will be written for each individual in the program.
- 2. Using the parent information on the registration form and the professional sharing form, identification of need will be determined and stated in goal format.
- 3. Each plan will consist of no less than one long term goal and no less than 2 short term goals.
- 4. The individual's recreation plan will be discussed with the participant and parent guardian. Feedback for changes or modifications will be incorporated into the plan where appropriate.
- 5. Daily progress will be recorded on the Recreation Participation Notes form.
- 6. Weekly information from the participation notes will be sent to both the parents and to site supervisor for review. The participation notes should also contain information concerning the upcoming week's activities, problems or concerns, and other discussion or information items.
- 7. Changes will be made on the IRP as progress is made or as the individual's needs change.
- 8. A copy of the IRP and the participation notes will be maintained in the individual's center and central office file.

Therapeutic Recreation Services Policies and Procedures

<u>Policy/Procedure:</u> <u>Target Program</u>: All Programs

Assessments, Participation Notes, and Information Sharing Reports

Purpose:

To record information concerning the individual's participation, progress, and concerns relevant to their leisure involvement.

During the summer session, staff will be involved in completing a general leisure functioning observation report for assigned participants. These will provide the Therapeutic Recreation office with information concerning the participant's abilities and needs. The observation reports MUST be completed as accurately as possible in order for the TRS division to provide appropriate services.

Observation Reports

- 1. The observation reports will be completed at the beginning and end of the session, by the staff directly supervising the participant.
- 2. The Center Supervisor will review all observation reports and discuss any problem areas directly with the staff.
- The Center Supervisor will bring the observation reports to the Thursday meetings. At this time, the Program Manager will review the observation reports. Should problem areas be identified, the Center Supervisor and the Program Manager will discuss concerns with the staff completing the observation report.
- 4. Once the observation reports have been approved, the Center Supervisor will copy the reports (1 for the office and 1 to send home).

Participation Notes/Information Sharing

Group Leaders, with assistance from the Recreation Leaders, must complete the Participation Notes (PN) or Information Sharing Reports weekly:

- 1. PN's and Information Sharing reports should be completed on a daily basis information concerning the participant's involvement in the program is provided to the parents, care providers, or counselors.
- PN's and Information concerning activities that the individual liked for that day and other personal
 information such as problems with toileting, eating, etc. should be record as clearly as possible.
 Information concerning a behavior problem, medical concern, or transportation problems should
 be recorded on an INCIDENT REPORT.
- 3. PN's Information Sharing reports must be reviewed by the Center Supervisor; a copy must be kept in the center's file.
- 4. All information going out of the centers should be put in a sealed envelope with the participants name clearly written on the front.
- 5. The Group Ldr is responsible for giving the information to the participants Bus Aide, to be delivered to the parent.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Target Program: All

Potentially Dangerous Equipment and Supplies

Purpose:

To ensure the safe use of potentially dangerous materials (including balloons, beads, and other small items)

Procedures:

- 1) For each activity that requires or uses potentially dangerous material, the staff are required to provide the program manager in writing with a risk plan outlining how they will use the material.
- 2) This plan must include provisions for safe use and disposal of materials as well as contingent plans if something should break down in the activity. ie what to do if someone eats the material etc.
- 3) Individuals who are prone to eating non food materials or small items should be offered alternative activities.
- 4) No scooters are to be used at any program sites.
- 5) During the A.M. facility check, view the playground areas for glassware or other sharps etc. before transitioning to the equipment.

Storage

- 1. The Center Supervisor shall ensure all potentially hazardous materials are stored in a locked or secured area.
- 2. The Center Supervisor will authorize removal of equipment and supplies only to Group Leaders and Recreation Leaders (volunteers may be considered).
- 3. Directly after use of equipment and supplies, the Group Leader shall ensure materials are returned to the Center Supervisor and the secure location.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure Target Program
Participant Supervision/Assignment of Participants to Staff
All programs

Purpose:

To establish guidelines for maintaining appropriate ratios and to ensure safe practices of supervision are in place at each site/program.

Procedures:

General Supervision Requirements:

- 1. Participants are not to be left unsupervised for any reason. A staff member must remain with participants at all times.
- 2. Staff must maintain an appropriate ratio (1:4 for Leisure, Adventure, LeisurEscape, Mixers, Motorskills, 2:5 for Explorers, and 1:5 social program outings/1:8 social program contained activities). This means staff are not to leave the room without maintaining an appropriate ratio, or take participants with them to complete whatever tasks they need to complete. Volunteers are not to be left unsupervised with participants.
- 3. Individuals who use wheelchairs or other mobility assistance devices are to be physically escorted by staff on ramps and other areas that are barriers to mobility (curbs, rail ties etc.).
- 4. Staff are to conduct regular "head counts" to ensure all participants are accounted for at all times. Staff should specifically "head count" before and after the group moves from one activity location to another. It is the responsibility of the staff to know where their participants are at all times.
- 5. Individual participants may be targeted for additional supervision one on one or constant verification of location -if staff feel the participant is likely to wander, run, or get separated from the group.
- 6. Staff may review the participant's main office files in the TRS office for client history information, but the client's intake application is filed with each center supervisor and should be reviewed and updated periodically.

Participant/Staff Assignments

- 1. The center supervisor will record attendance, time in/time out, collect money, record personal items/belongings on the sign-in log or attendance sheets.
- 2. The center supervisor will assign staff specific participants, taking into consideration: 1) needs/functioning of participant (level of staff involvement), 2) friends/peers of participants, and 3) personal/medical needs.
- 3. The center supervisor will assign staff to working units (small groups of staff). Therefore, each unit may have 2 to 3 staff with 5 to 12 participants depending on the specific program ratios and support needs of the participants.
- 4. Staff are assigned to those individuals for the duration of the program/activity. <u>Transferring participant assignments can only be authorized by the center supervisor.</u>

- 5. Staff are responsible for resolving any client/participant related issues and recording problems and resolutions in appropriate client documentation formats. Center supervisors must be notified as soon as possible when issues/problems arise.
- 6. Self-supervision for participants (adults) must be approved by the Program Manager and the individual must successfully complete a self-supervision assessment.
- 7. Staff should review client files and/or ask specific questions about participant's level of supervision.

Community Outings

1. Most community outings will require pre-registration. The Center supervisor will receive a participant registration list along with the activity plan for the activity (transportation and admission arrangements, petty cash, client issues, staff, emergency on-duty supervisor, and materials and supplies.

For children's programs, the group leader must take the field trip permission form for each child attending the community outing.

- 2. Only those individuals registered for the community outing will be authorized to attend. In the event participants arrive at the activity location or the transportation departure location and are not registered to attend, staff should:
 - inform them of the TRS registration policy *inform them they are not registered and they can not be accommodated safely; or
 - call the program manager for authorization to admit the participant (s), if space is available and supervision for the participant (s) can be safetly accommodated
- 3. To reduce the level of risk, upon arriving at the destination staff should identify: emergency exit, entrances, level of distraction, participant's need for supervision, and possible risk management strategies.
- 4. Participants should carry identification and/or a card with the name of participant, emergency information, group assignment, and contact information in the event of separation from group.

For children's programs, children will wear a color coded band with the Department's emergency information on the band.

- 5. Staff should review with participants the expectations for staying with the group and what to do if they get separated from the group. It may be helpful to assess the participant's level of understanding for directions and take additional precautions (ie. continuous head counts) if the participant does not understand what to do if they get lost.
- 6. The program manager will ensure the following risk strategies have been properly resolved prior to any community outing:
 - community outings will be supervised by staff who have attended training. New social program center supervisors, who take trips out of the area, will be accompanied by a program manager or supervisor/trainer for the first 4 out-trips or until the trainer/managers is satisfactorily trained.
 - staff to participant ratios will be adequate for the activity risk, level of participant functioning, and numbers of registered clients.

- identify any specific unusual client related risk factors on the planning worksheet.
- identify emergency on-call duty staff.
- confirm all activity arrangements with the center supervisors at least 24 hours prior to the activity.
- provide client emergency information.
- 7) As participants are placed on the bus at the Center, the Center Director/Site Coordinator will check off that they are in attendance by visually identifying the participant. A separate attendance roster will be completed for each bus or van used.

If a participant is not attending for the day but is on the list, the Center Supervisor will check that they are not in attendance and indicate whether or not it is a confirmed absence.

For children's programs, participant absences must be confirmed.

- 8) If participants meet the group at the designated community location, the Center Supervisor will note this occurrence on the attendance/bus roster checklist.
- 9) Staff are expected to sit with their assigned participants throughout the bus ride/community outing. Remember transfer of participant assignments can only be authorized by the Center Supervisor.
- 10) Prior to leaving the community location, the Center Supervisor will use the same attendance/bus roster checklist to check off attendance (visually identifying the participant) to ensure all participants are present. Attendance will be checked after all participants are seated in the van and ready to leave.
- 11) In the event a participant is picked up directly from the community location, the Center Supervisor will note the name of the participants. the time departing, and the name of the person who picked them up, on the attendance/bus roster checklist.
- 12) The Center Supervisor will return all attendance sheets/van rosters with the center's backpack or file it in the appropriate center file.

Facility-Based Programs

- 1. All facility based programs require pre-registration. The Center supervisor will receive a participant registration list along with client files with specific information about the program.
- 2. Only those individuals registered for the program will be authorized to attend. In the event participants arrive at the center or the transportation departure location and are not registered to attend, staff should:
 - inform them of the TRS registration policy *inform them they are not registered and they can not be accommodated safely; or
- 3. To reduce the level of risk, staff should identify at the facility emergency exits, entrances, level of distraction, participant's need for supervision, and possible risk management strategies.

- 4. For the first three activity days, participants should wear identification with the name of participant and group assignment.
- 5. Staff should review with participants the behavioral expectations (group rules). It may be helpful to assess the participant's level of understanding for directions.
- 6. Bathroom breaks/refreshment breaks should be scheduled at least every 1 ½ hours. This should provide staff the opportunity to make sure everyone uses the bathroom and drinks fluids regularly.
- 7. Individuals in the foundational level programs will be escorted to and from the bathroom and support will be provided as needed.
- 8. The program manager will ensure the following risk strategies are properly resolved prior to staff working at a facility:
 - new staff will be supervised by staff who have attended training.
 - staff to participant ratios will be adequate for the activity risk, level of participant functioning, and numbers of registered clients.
 - unusual client related risk factors, behaviors, etc. will be noted by the program manager on the assessment.
 - provide emergency on-call duty numbers.
 - confirm activity arrangements/staffing with the center supervisors at least 24 hours prior to the activity.
 - provide client emergency information.

Large Event Activities

- 1. Staff will be assigned specific clients and others will be assigned specific duties (ie., food server, door monitor, check-in, etc).
- 2. The following risk areas must be supported by staff (staff must be assigned to the following areas):
 - entrances/exits must be monitored throughout the event
 - restroom areas/meeting locations
 - dance floor area
 - highly visible areas such as fire alarms, vending machines, etc.
 - additional staff support for set-up and clean-up (staff not assigned participants).
 - staff will be positioned at all "high risk" areas (ie., playgrounds, ponds, swimming areas) and will be responsible for monitoring the location and actions of the participants in those areas.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure: Van Loading/Unloading **Target Program:** Social Programs/Others

Purpose:

To provide staff with the guidelines that ensure all participants are accounted for when arriving and leaving community areas.

General:

- As participants are placed on the bus, the Center Director/Site Coordinator will check off that they are in attendance. If a participant is not attending for the day but is on the list, the Center Director will check that they are not in attendance and indicate whether or not it is a confirmed absence.
- 2) Prior to leaving the community location at the end of the day, the Center Supervisor will use the same bus roster to check off attendance to ensure the participants are all present.
- 3) The Center Supervisor will return all attendance sheets/van rosters with the centers backpack or file it in the appropriate center file.

Unloading:

1) Under the supervision of the Center Supervisor, all staff (II's and I's) will assist with the unloading of all participants.

Loading

- Under the supervision of the Center Supervisor, all staff (II's and I's) will assist with the loading of participants. The Center Supervisor will record all departures on the Attendance/Trip Rosters.
- 2) Loading will be done one bus/van at a time.
 - a. Once participants are on the bus/van, at least one staff (1:4 ratio) must remain with the group while others continue to load .

<u>Checking attendance names (not just head counting) will ensure all participants are on the buses/vans to return to the center. If a participant is not on the vehicle, immediately implement the Lost Persons Procedures.</u>

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure Playground Safety

Target Population Day Programs

Purpose:

To assure a safe playground environment for all participants.

Procedure:

- 1. Each morning before participants arrive assigned staff will be required to complete the playground checklist. The Center Supervisor will make specific staff assignment.
- Any correction or action that needs to be taken shall be completed before the participants arrive for the day. Any repairs need to be reported to the office as soon as they are discovered
- 3. Mid Day check should be completed before participants go out to the playground each afternoon. The Center Supervisor will assign staff to complete the Mid-Day trip.
- 4. Send completed forms to the Program Manager on a weekly basis.
- 5. A map of the playground will be posted in each room and the off-limit playground equipment will be clearly marked.

Staff Assignments

- 1. No more than 1 group (maximum of 15 children) will be on the playground at any time and a minimum of 3 staff/volunteers must be present at all times.
- 2. Staff will review their participant assignments and discuss any off-limit playground equipment prior to leaving for the playground.
- 3. Staff will begin play on one playground item and work with their assigned children on that item prior to moving to the next playground item.
- 4. Staff will stay with assigned children while on the playground.

Therapeutic Recreation Services Playground Safety Check

Date	-			Cente	r	Na	ame
General Maintenance							
Entire playground is free of miscellaneous debris or litter (cigarette butts, glass, etc.)							
Trash cans are not overflowing and are available for use							
Equipment and other playground features are undamaged by vandalism or wear (i.e., broken or missing components); there are no broken or missing bolts, or steps or rungs on ladders, or damage to the fence, gate and other structures.							
Mulch is free of foreign objects or debris							
There is at least a 6-inch layer of pea gravel or mulch. Special attention has been given to heavy use areas such as those under swings and slide exit regions							
All equipment and other playground features are free of hazards which may have emerged, including toxic materials (i.e. peeling paint, creosote)							
Playground is free of protrusions, projections, sharp points, corners, and edges (sides and sliding surface of slide chutes have been checked for sharp or rough edges caused by deterioration)							
Protective caps and plugs are intact							
Playground is free of potential clothing entanglement hazards, such as open Shooks							
Playground is free of trip hazards, such as exposed sidewalk							
Equipment is free of rust, rot, cracks, warping, and splinters							
Equipment is anchored in a stable manner and is not over 7 feet high							
All moving parts are secure							
Equipment use zones are free of obstacles							

General Maintenance Entire area is free of drainage problems and contaminated water					
First Aid kit is complete, including ice sponges					
Roller slide is free of pea gravel/mulch					

NOTES:			

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure

Target Population Day Programs

Transferring Care of Children From Parent To Staff

Purpose:

When transportation is not provided, parents are require to make arrangements for the transfer of care to and from assigned staff.

Procedure:

Bringing Children to the Center

- 1. If parents bring their child to and from the center, parents are required to sign their child in and out each morning and afternoon.
- 2. If someone other than a family member needs to pick up the child, parents must notify center staff in writing.
- 3. TRS staff will not release children to anyone other than the parent unless otherwise notified. Parents must complete the Parent Authorization For Child Release Form which indicates the full name of the person who will be picking the child up. In emergency's parents may call in the information but the Group Leader must complete the form and document the call with the parent.
- 4. In the event parents are late and if Center staff does not hear from the parent, the Group Leader will call the child's authorized emergency numbers.

Children Attending Half Days

- Parents enrolling their child in alternative morning or afternoon programs, must arrange to deliver their child directly to the Center staff. Staff will not be responsible for meeting the child outside the activity area (at a bus or in the parking lot). Parents are responsible for ensuring the child gets escorted directly to the assigned staff.
- 2. In the event that a child is scheduled to attend half day but does not show up, please implement the Children Confirmation procedures.

Child's First Day

- 1. Families are encouraged to bring in their child on the first day of the program.
- 2. Parents must place a name tag on the child's clothing so that staff can identify them when they arrive at the Center.

Therapeutic Recreation Services Policies and Procedures

Policy/Procedure

Target Population Day Programs

Lunch & Refreshments

Purpose:

All children shall have a lunch each day.

Procedure:

Bag Lunch

Group Leaders will:

- 1. During the daily check-in, note if the participant brought a lunch and ensure their names is on the lunch bag.
- 2. All lunch bags will be placed in the refrigerator or cooler provided.
- 3. The Group Leader will notify the Center Supervisor when a participant does not have a lunch.
- 4. Parents will be notified by the Center Supervisor to let them know their child did not bring a lunch with them.
- The Center Supervisor will provide/obtain lunch for the participant. The participant's file must be reviewed to determine if there are any food allergies or other precautions that may affect the participant.

Refreshments

- 1. The Group Leader will plan a weekly afternoon refreshment menu that is nutritionally sound.
- 2. The menu will follow the approved food planning guidelines attached.
- 3. Special dietary and allergy precautions will be identified for specific children and alternative food items selected.
- 4. Each Friday, the menu will be sent home with participants.
- 5. The original copy of the menu will be filed with the Center's file and a copy of the menu will be posted in a viable area.

Therapeutic Recreation Services Policy and Procedures

Target Program(s): Day program Effective Date: July 1, 1995

Policy: Confirmation of Absent Children

Transportation is provided for most childrens' programs during the Summer. Since contact is not made directly with the family, TRS staff shall confirm through various methods the absence of a child from the program/center. If a child is enrolled in the program and attends Summer school or therapy sessions, the parent is responsible for bring the child directly to the center and walking the child to their appropriate assigned room.

Procedure:

Review the attendance/sign-in checklist. If a child's name appears on the attendance list but the child is not in attendance, the following procedures shall be followed:

- 1) Contact the TRS office to verify the child's enrollment status.
- 2) Determine if the family notified the Transportation Office or the TRS Office that the child would not be attending. Call Transportation Services to verify absence or notification of absence.
- 3) Call the parent to determine the child's attendance intentions. If appropriate, remind parent of the attendance policy and the need to inform the TRS Office or Center staff and transportation services of any pending absences.
- 4) Record information on the daily attendance/sign-in log (indicating outcome of investigation).